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1946

LEICESTERSHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

for the Year 1946

J. A. FAIRER, M.D., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH



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County Health Department,
17, Friar Lane,
Leicester.

25th June, 1947.

Mr. Chairman, Ladies, and Gentlemen,

I have much pleasure in submitting my annual report on the vital statistics, health, and sanitary conditions of the County of Leicester for the year 1946.

In spite of the difficult years, and the continued austerity of living conditions, the statistics for the past year are extremely satisfactory, and in many ways, remarkable.

The Registrar General estimates the population of the County to be 319,030, as against 307,690 in 1945. This estimate is for the purpose of calculating the birth and death rates, and therefore, may not be a true indication of the actual population.

The birth rate of 20.6 per thousand population, maintains the high level of the last four years, and compares very favourably with the births in the 1930's, when the average was about 15 per thousand population.

There is a startling drop in the maternal mortality rate to 0.89 per thousand total births, the actual number of deaths being 6. The usual number is in the region of 14 deaths in a year. It remains to be seen whether this improvement will be maintained, rather than to offer any explanation.

The infant mortality rate equals the record for 1945, and a new record might have been set up, but for a slight increase in the deaths from infant diarrhoea. Some concern was caused by a small epidemic of enteritis among the babies in the Bosworth Park Infirmary, but this did not prove as serious as feared at first. This epidemic was typical of others which occurred about the same time in other parts of the country.

The death rate is very satisfactory in that it maintains at a low figure, and shows a slight constant fall since 1943.

A new low record was reached with pulmonary tuberculosis (deaths 100, rate 0.31). This is really astonishing, having regard to food shortages, and lack of fats in the diet. It is interesting to note that the decreasing trend commenced in the early 30's, coinciding with the opening of the County Sanatorium at Markfield. This new record must be a great source of satisfaction to Dr. Coward, the Chief Tuberculosis Officer, and Dr. Selby, the Medical Superintendent.

There was no serious outbreak of infectious disease, although there were fears on several occasions on account of infective cases among the armed forces who were returning home in large numbers from tropical climates.

For the first time in the health history of the County, it is possible to announce that there were no deaths from diphtheria. As there were only 34 true notifications, one cannot help feeling that some praise is due to all concerned in the immunisation against, and treatment of, this disease.

The work of the department continued, as always, to increase in every way. I was pleased to welcome the return of some of the younger members of the staff from war service, who have taken up their work again with enthusiasm. However, it is with the deepest regret, that I record the non-return of three members of the clerical staff who lost their lives—R. B. Smith, D. R. Neal, and R. Tomlinson.

In general, the year's results suggest that the health services can be regarded with complacency. Such an outlook is entirely misleading, and it is obvious that still greater efforts will be required; in fact, we are now on the threshold of a new era, to be brought about by the new National Health Service Act.

It is with great pleasure that I express my thanks to all members of my staff, medical, technical, administrative, and clerical, whom I have found at all times to be loyal and willing.

I also tender my thanks to the Committee for their kindly help and consideration.

And, lastly, I wish to record a special word of thanks and appreciation to Alderman J. W. Black, who has recently retired, by his own wish, from the chairmanship of the health committees. During the whole of his twenty-eight years of service in that position, he has given the health services of this County his sincere and energetic attention, and I have at all times been grateful for his considerable help and his courteous manner.

I have the honour to be,

Your obedient servant,

J. A. FAIRER,
County Medical Officer of Health.

**THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE,
1946.**

J. W. BLACK, Esq. (*Chairman*).

BURTON, F.	MAWBY, G. H.
COOK, J. S.	NOEL, Mrs. I. B. B.
FORSELL, J. T. (<i>Vice-Chairman</i>)	POCHIN, V. R.
FULLER, B.	PRATT, J.
HARRIS, R.	PRESTON, P. L.
HARVEY, L. W.	PRICE, J. W.
HOLMES, J. H.	TANDY, E. W.
HUGHES, J.	TOMPKINS, A. J.
ILLSON, E. H.	WARNER, Mrs. E. M.
KEAY, Mrs. M. E.	WILEMAN, W. A.
KING, M.	WILKINSON, T. P.
MARSH, Mrs. A. G.	WILLETT, F.
MARTIN, Lt.-Col. SIR ROBERT, C.M.G. (<i>ex-officio</i>)	

MATERNITY AND CHILD WELFARE COMMITTEE.

This committee consisted of all the members of the Public Health and Housing Committee with the addition of the following ladies:—

Mrs. B. EVERARD.	Mrs. GEO. SPENCER.
Hon. LADY MARTIN.	Mrs. C. M. VICE.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

County Medical Officer:

School Medical Officer:

Administrative Officer for Tuberculosis and Maternity and Child Welfare:

J. A. FAIRER, M.D., D.P.H.

Deputy County Medical Officer:

Deputy School Medical Officer:

A. A. LISNEY, M.A., M.D., L.M., D.P.H.

Assistant County Medical Officer:

Senior Assistant School Medical Officer:

(also Acting Medical Officer of Health to the Oadby and Wigston Urban District Councils):

A. E. MARTIN, M.D., D.P.H.

(appointed temporarily 1940, permanently 1/3/46).

Assistant County Medical Officer:

Assistant School Medical Officer:

(also Medical Officer of Health to Barrow-on-Soar Rural District):

I. B. LAWRENCE, B.Sc., M.B., Ch.B., D.P.H.

Chief Tuberculosis Officer:

N. A. COWARD, O.B.E., M.D., D.P.H.

Assistant Tuberculosis Officer:

S. W. LANE, M.B., B.S.

Assistant School Medical Officers:

Assistant Maternity and Child Welfare Officers:

MARY E. WESTON, M.B., B.S.

MARGARET O. CRUICKSHANK, M.A., M.R.C.S., L.R.C.P.

Assistant Maternity and Child Welfare Officer:

School Oculist:

CONSTANCE WALTERS, B.Sc., M.B., Ch.B.

STAFF—continued.

Assistant School Medical Officer:

S. E. MURRAY, M.B., B.S.

Medical Superintendent County Sanatorium and Isolation Hospital:

H. SELBY, M.B., B.S.

Assistant Resident Medical Officers, County Sanatorium and Isolation Hospital:

H. STRANZ, M.D. (Breslau).

R. McAULIFFE, M.B., Ch.B.

J. J. T. MORRISON, M.B., Ch.B., D.P.H. (*appointed 15/6/46*).

Chief Dental Surgeon:

P. ASHTON, L.D.S.

Assistant Dental Surgeons:

A. E. WARD, L.D.S.

C. L. R. McLELLAN, L.D.S.

D. R. A. WILLCOX, L.D.S.

L. D. SMITH, L.D.S. (*resigned 31/8/46*).

W. E. LYNE, L.D.S. (*resigned 31/8/46*).

A. RODGER, L.D.S.

W. G. CAMPBELL, L.D.S.

D. B. OWEN, L.D.S. (*appointed 1/9/46*).

M. SMITH, L.D.S. (*appointed 1/10/46*).

County Sanitary Inspector:

W. W. BAUM, M.B.E., F.R.San.I., F.S.I.A.

Assistant County Sanitary Inspectors:

E. F. RODWELL, Cert.S.I.B., M.S.I.A.

W. PEMBLETON, Cert.S.I.B., M.R.San.I., M.S.I.A.

Health Visitors:

*Miss G. I. CARRYER (*Superintendent*).

*Miss A. ADDY.

*Miss M. E. L. HALL.

*Miss J. A. ANDERSON.

*Miss D. M. HILL.

Mrs. A. D. ANTROBUS.

*Miss M. L. HILL.

*Miss E. S. BONSER.

*Miss N. MADIN (*appointed 17/6/46*).

Mrs. S. J. BOURNE.

*Mrs. C. E. M. MASON.

†Mrs. F. E. M. CADE

*Miss K. McDONAGH.

(*retired 31/1/46*). *Miss G. McILRATH.

*Miss M. J. CASEY

*Miss M. J. PATERSON.

(*resigned 26/11/46*). *Miss S. M. PEARCE (*appointed 27/8/46*).

*Mrs. G. E. COULSON.

*Miss W. C. PORTER.

Miss M. A. DILWORTH

Miss E. H. SEABROOK.

(*retired 31/8/46*). Miss W. A. SIMMONS.

*Miss E. Y. FEAKIN.

All are State Registered nurses and hold the certificate of the Central Midwives' Board. Those marked † hold the certificate of Sanitary Inspector, and those marked * have the Health Visitors' Certificate (Ministry of Health).

County Council Whole-time Midwives:

Mrs. D. E. ALLEN.

Miss A. S. KINSON.

Miss K. BATEMAN.

Miss E. M. McCLELLAND.

Miss A. CONCANNON.

Miss B. M. MANTON.

Mrs. H. G. DELLER.

Mrs. W. J. TOMLINSON.

Mrs. E. E. HOLMES.

Mrs. L. G. WESLEY.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

NATURAL AND SOCIAL CONDITIONS

The population of the county is chiefly around the City of Leicester, and in the western part of the county. The chief industries are agriculture, boots and shoes, hosiery, mining, and engineering. The mining area lies in the north-west corner chiefly, although one coal seam extends to Desford, within seven miles of Leicester.

GENERAL STATISTICAL SUMMARY OF THE COUNTY.

Vital Statistics.

BIRTHS:

Live births:		Male	Female	Total
Legitimate	...	3,203	2,977	6,180
Illegitimate	...	202	181	383
Total live births	...	3,405	3,158	6,563
Birth rate per thousand population		...	...	20.57
Legitimate birth rate per thousand population		...	...	19.37
Illegitimate birth rate per thousand population		...	...	1.20
Illegitimate births per thousand live births		...	...	58.4
Stillbirths:				
Legitimate	...	151.	Illegitimate	...
Stillbirth rate per thousand population		...	...	0.50
Stillbirth rate per thousand, total live and still, births		23.5		
Illegitimate stillbirth rate per thousand, total illegitimate, live and still, births		...	...	18.3

DEATHS:

Total civilian deaths ... 3,402
 Crude death rate ... 10.66

Deaths from puerperal causes:

Sepsis 1. Other causes 5. Total 6.

Maternal mortality rate per thousand, total live and still, births 0.89.

Deaths of infants under one year of age:

Legitimate 220. Illegitimate 15. Total 235.

Infant mortality rate per thousand live births:

Legitimate 35.6. Illegitimate 39.2

Total rate per thousand live births 35.8.

The statistics refer only to civilians. Birth and death registrations have been transferred to the area of usual residence. It is assumed that all evacuees had returned to their own homes, and that any who remained had acquired local interests and become county residents. Table 3, which relates to infectious disease, contains information regarding non-civilians in the county.

POPULATION OF THE COUNTY.

In 1945 the population fell from the previous year's figure of 310,380 to 307,690, presumably due to the return home of evacuees. This year the population has risen to 319,030. This shows an increase during the year of 11,340 which can be attributed mainly to the demobilisation of the armed forces.

The population has fluctuated considerably during the war years, and it is interesting to note that the 1938 population figure was 302,600.

At the same time, it is understood from the Registrar General that his estimates of population as supplied to this Department, are principally for the calculation of birth and death rates, and are not necessarily a true indication of the actual population.

LIVE BIRTHS.

The total number of births was 6,563, giving a rate of 20.6 per thousand of the population. This can be considered a very satisfactory figure, and compares favourably with the England and Wales rate of 19.1.

Of the 6,563 births, there were 3,405 males and 3,158 females, a ratio of 107.8 males to 100 females.

As a matter of interest, the following gives a list of the yearly birth rates for the county, showing the effect of the last two great wars on the birth rates.

Year	Rate	Year	Rate
1913	22.7	1938	15.3
1914	21.8	1939	15.0
1915	22.0	1940	15.1
1916	21.1	1941	14.6
1917	17.2	1942	17.3
1918	16.9	1943	19.6
		1944	21.1
		1945	18.8
1919	16.5	1946	20.6

A pleasing feature is the decrease in the illegitimacy birth rate to 58.4 per thousand live births, as compared with 92 in 1945.

It is not possible to make a full comparison between the figures for the two wars, as illegitimacy rates are not available before 1916. The following gives, as far as possible, a list of the numbers of illegitimate births, and the rates per thousand live births, for purposes of comparison.

Year	Total live births	Illegiti- mate live births	Illegiti- mate live birth rate
1916	5,297	195	36.8
1917	4,433	182	41.0
1918	4,326	216	50.0
1919	4,308	199	46.2
1938	4,633	126	27.2
1939	4,601	152	33.0
1940	4,724	158	33.4
1941	4,802	198	41.2
1942	5,508	240	43.6
1943	6,102	320	52.4
1944	6,536	385	58.9
1945	5,783	532	92.0
1946	6,563	383	58.4

The following table gives in full the numbers of births, and the corresponding rates per thousand population during the last ten years.

Births.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1937	2118	15.0	2370	14.9	4488	14.9	14.9
1938	2242	15.8	2391	14.9	4633	15.3	15.1
1939	2253	15.7	2348	14.5	4601	15.0	15.0
1940	2275	15.4	2449	14.9	4724	15.1	14.6
1941	2349	15.1	2453	14.2	4802	14.6	14.2
1942	2718	18.1	2790	16.6	5508	17.3	15.8
1943	2930	19.9	3172	19.2	6102	19.6	16.5
1944	3120	21.3	3416	20.8	6536	21.1	17.6
1945	2859	19.7	2924	18.0	5783	18.8	16.1
1946	3222	21.4	3341	19.9	6563	20.6	19.1

INFANT MORTALITY.

The infant mortality rate of 35.8 infant deaths per thousand live births, repeats the record figure of 1945 and, but for a few deaths from infant diarrhoea, a new record might well have been set up.

A small epidemic, which was typical of others in the country at the time, occurred in the Bosworth Park Infirmary. This was controlled by preventive measures, and the epidemic did not prove as serious as was feared at first. The known deaths were all of children who were weakly or premature. A fuller report will be found in the section dealing with infectious diseases.

There is a welcome reduction to normal in the illegitimate infant mortality rate, which is 39.2 as against 62 last year. The legitimate rate was 35.6.

Infant Mortality.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1937	103	49	117	49	220	49	58
1938	109	49	95	40	204	44	53
1939	115	51	97	41	212	46	50
1940	112	42	127	50	239	46	55
1941	159	59	106	41	265	50	59
1942	146	54	111	40	257	47	49
1943	134	46	123	39	257	42	49
1944	123	39	122	36	245	37	46
1945	97	34	110	38	207	36	46
1946	134	42	101	30	235	36	43

STILLBIRTHS.

The total number of stillbirths was 158 (legitimate 151, illegitimate 7). The rate of 23.5 per thousand total live and still births is very satisfactory when compared with the pre-war average of about 38.

DEATHS.

There were 3,402 deaths (rate 10.66 per thousand population), which compares well with the previous year's figures (deaths 3,413, rate 11.09).

It is of considerable interest to examine the incidence of deaths according to age groups. To assist in this object, Table V has been re-designed for easy comparison in future years.

A general analysis of the deaths is as follows:—

Age group (years)	Number of deaths	Percentage
0-	235	6.9
1-	44	1.3
5-	34	1.0
15-	284	8.3
45-	746	21.9
65-	2,059	60.5
Total deaths	3,402	

In the totals of deaths from the individual diseases, there is little to comment on, as there appears to be no major difference from last year's returns. The exceptions are maternal mortality (deaths 6, rate 0.89 per thousand total births) as against last year's figures (deaths 16, rate 2.69), and pulmonary tuberculosis (deaths 100, rate per thousand population 0.31) as against last year's figures (deaths 111, rate 0.36). Cancer (deaths 475, rate per thousand population 1.49) shows a reduction for the year, but this feature is not unusual as shown by previous records.

For purposes of interest, the following gives the yearly numbers of suicides since the year 1910. It is not apparent that war conditions produce any particular effect on the figures. In making comparisons, it should be borne in mind that the population of the county has risen from approximately 250,000 in 1910 to 319,030 in 1946.

Years 1910-1919	...	27	33	28	30	33	18	11	18	13	24
,, 1920-1929	...	21	23	21	37	29	25	37	32	29	31
,, 1930-1939	...	41	44	39	54	48	44	39	34	30	33
,, 1940-1946	...	45	20	25	23	26	27	42			

A full summary of the various causes of death will be found in Tables 5 and 6 at the end of the report.

Deaths.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1937	1652	11.69	1925	12.08	3577	11.89	12.4
1938	1507	10.60	1664	10.37	3171	10.48	11.6
1939	1560	10.74	1788	10.96	3348	10.85	12.1
1940	1809	12.21	2072	12.65	3881	12.44	14.3
1941	1795	11.54	1847	10.68	3642	10.99	12.9
1942	1569	10.45	1730	10.30	3299	10.37	11.6
1943	1657	11.28	1868	11.31	3525	11.29	12.1
1944	1608	11.00	1862	11.35	3470	11.18	11.6
1945	1582	10.90	1831	11.26	3413	11.09	11.4
1946	1641	10.87	1761	10.47	3402	10.66	11.5

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

Established in January 1920, the work of the County Laboratory has steadily grown and the number of examinations completed during the past 27 years totalled more than 150,000.

Apart from the facilities provided by the laboratory as an adjunct to the work of the County Health Department, facilities are available for the carrying out of bacteriological and chemical investigations on behalf of general practitioners and the District Authorities in the county.

Neither histological work nor Wassermann tests are undertaken, but specimens for Wassermann tests received at the laboratory are sent to the Leicester Royal Infirmary.

The following is a summary of the examinations carried out during the year:—

Bacteriological milk examinations	...	...	...	...	4,173
Swabs for diphtheria	...	...	...	...	1,583
Sputa for tubercle bacilli	...	...	...	...	1,056
Sewage and water analyses	...	...	...	...	464
Urine, general and bacteriological	...	...	...	...	331
Wassermann tests	...	...	...	...	160
Phosphatase tests	...	...	...	...	433
Urine for tubercle bacilli	...	...	...	...	115
Films for gonococci	...	...	...	...	24
Blood counts	...	...	...	...	124
Milk for fat content	...	...	...	...	13
Miscellaneous	...	...	...	...	97
Ice cream for coliform organisms	...	...	...	...	28
					8,601

Milk Examinations.

As shown in the following table, 4,173 samples of milk were examined during the year.

Source or class of milk	RAW MILK			*Heat treated	Total
	Satisfactory	Not satisfactory	Percentage satisfactory		
Accredited producers	1,438	328	81.4	...	1,766
Prospective accredited producers	102	12	89.5	...	114
Urban and Rural Districts ...	645	100	86.6	215	960
Schools	279	31	82.0	490	800
Public Assistance Institutions ...	18	3	85.7	32	53
Tuberculin Tested producers ...	289	50	85.3	339	339
Prospective T.T producers ...	27	2	93.1	...	29
Miscellaneous	61	25	70.9	26	112
Totals	2,859	551	83.8	763	4,173

* For the results of the examination of heat treated milk see below.

In those instances where samples do not reach the requisite standard, further visits are made to the farms concerned for the purpose of inspecting all stages in the production of the milk and advising the farmer. The milk is subsequently sampled at frequent intervals until the quality is satisfactory. Thus the figures relating to unsatisfactory results in no way indicate a true proportion of samples taken which fall below the standard requirements. Neither can any strict comparison be made between the percentage of unsatisfactory results from the samples sent in by Urban and Rural Districts, and those examined in accordance with the Milk (Special Designations) Regulations, as the former are morning samples examined on the day of production.

Heat Treated Milk.

The phosphatase and methylene blue tests for heat treated (pasteurised) milk continue to be used as a routine measure in order to test the keeping quality of the milk concerned and the following are the results of the phosphatase tests:—

Group I (2.3 Lovibond blue units or under)	Group II (2.4 to 6 Lovibond blue units)	Group III (Over 6 Lovibond blue units)	Total
417	7	11	435

Group I is a negative phosphatase test, indicating that the milk has been sufficiently heat treated. Groups II and III are positive, Group II indicating either insufficient temperature or holding time, or alternatively, the addition of a small quantity of raw milk; and Group III indicating that either the milk is grossly under treated or contains an appreciable quantity of raw milk.

In carrying out the methylene blue 'keeping quality' test the milk is kept at room temperature (approximately 65° F.) until the morning following the day the sample is received. It is then subjected to the methylene blue test for half-an-hour. The summary of the year's results of this test are as follows:—

Satisfactory	648
Not satisfactory	115
Total ...	763

Diphtheria.

The 1,583 swabs examined for diphtheria organisms, of which 19 only were positive, were received from the following sources:—

General practitioners	440
Isolation hospitals	545
Saturday Hospital Society	598

In accordance with an agreement made between the Saturday Hospital Society and the County Council some years ago, no child is admitted to the Society's Convalescent Home until a swab of the throat is examined so as to ensure that carriers of diphtheria are not admitted.

Markfield Hospital Laboratory.

Details of the work carried out in this laboratory during 1946 are given in the appended report of the Medical Superintendent.

AMBULANCE FACILITIES.

Interim Peace-time Ambulance Service.

Full details of the arrangements made in regard to an interim peace-time ambulance service, consequent on Circular 70/45 issued by the Ministry of Health, were given in the report for last year, together with particulars of the agreement entered into with the St. John Ambulance Brigade.

Briefly, most of the ambulance work in the county is undertaken by the St. John Ambulance Brigade, a considerable proportion of the cases being transported on behalf of the Saturday Hospital Society. This Society also has an arrangement with the Leicester City Ambulance Service for the transport of its own subscribers at night.

Since arrangements were made with the St. John Ambulance Brigade in July, 1945, steps have been taken to strengthen and improve the service.

At Lutterworth a large hall, with garage and living accommodation adjacent, was purchased by the Brigade as an additional headquarters, and this acquisition has considerably enhanced the efficiency of the ambulance service in that area.

An appeal has been launched at Coalville to collect funds for a new ambulance headquarters there, as a Brigade headquarters with garage accommodation for the ambulances is urgently required in this populous area. The Brigade have been approached to provide ambulance facilities at Ashby-de-la-Zouch in conjunction with the voluntary hospital, but there are certain difficulties in effecting this. The possibility of establishing ambulance headquarters at Donisthorpe has been explored as an interim measure.

Difficulties have also been experienced by the Brigade in providing suitable headquarters at Melton Mowbray, and by the end of the year no further progress had been made with this problem as no suitable buildings or convenient site for building were available.

The Brigade have effected some additions and replacements in their fleet of ambulances, and by the end of 1946 a total of 18 ambulances was available in the county.

The following is a summary of the ambulance work carried out by the St. John Ambulance Brigade and Saturday Hospital Society within the precincts of the county.

Table showing number of Leicestershire cases moved by ambulance.

Type of case	ST. JOHN AMBULANCE BRIGADE		SATURDAY HOSPITAL SOCIETY	
	No. of journeys	Mileage	No. of journeys	Mileage
Illness	5,373	104,964	5,786	68,465
Mental cases	131	5,272	10	135
General accidents	1,042	13,336	37	429
Road traffic accidents ...	249	3,447	15	162
Coroner's cases	46	371	—	—
Lockington Hall maternity cases	476	9,049	—	—
Miscellaneous	135	2,799	1	4
Totals ...	7,452	139,238	5,849	69,195

The Hospital Car Service.

This service which is provided jointly by the St. John Ambulance Brigade, British Red Cross Society and the Women's Voluntary Service, continued to fulfil a useful function during 1946. The service provides supplementary transport facilities and is for the use of patients attending hospitals and clinics who need special transport, and who are unable to pay for the hire of cars. A charge of 3d. per mile is made for each case transported at the request of the County Council, the service being provided free to the patient. During the year 32 journeys covering 1,408 miles were made for general and maternity and child welfare cases, and 79 journeys covering 2,840 miles for tuberculosis cases.

Emergency Medical Service.

During the year the hospital transport service was maintained by the Ministry of Health for ex-service personnel attending hospitals and rehabilitation centres, or being transported from one hospital to another. A total of 2,847 patients was dealt with, the vehicles travelling a total of 36,629 miles. Many of the journeys involved long distances to various parts of the country.

NURSING IN THE HOME.

The County Nursing Association carry out their own work in respect of home nursing. At the moment the County Council have no arrangements for this. The day to day work is undertaken by the District Nursing Associations who employ the district nurses.

TREATMENT CENTRES AND CLINICS.

There are six clinic centres in the county which belong to the County Council, the addresses of which are as follows:—

Coalville:	Bridge Road.
Hinckley:	The Lawns.
Leicester:	8, St. Martin's.
Loughborough:	"Ashmount," Bridge Street.
Melton Mowbray:	Asfordby Road.
South Wigston:	Countesthorpe Road.

The clinic centres at Coalville, Hinckley, Melton Mowbray and South Wigston are of modern construction and design. Leicester and Loughborough clinic centres occupy part only of County Council properties, the remainder being used for other purposes.

Sessions are held at the above clinics as follows:—

Tuberculosis:

<i>Centre</i>	<i>Day</i>	<i>Time</i>
Coalville ...	Fridays	From 10 a.m. to 12 noon.
Hinckley ...	Mondays	From 10 a.m. to 12 noon.
Leicester ...	Wednesdays and Thursdays	From 9 a.m. to 12 noon.
Loughborough ...	Thursdays	From 10 a.m. to 12 noon.
Melton Mowbray ...	Tuesdays	From 10 a.m. to 12 noon.

Orthopaedics:

Coalville ...	Mondays and Wednesdays	... 1.30 p.m.
Hinckley ...	Wednesdays and Fridays	... 10 a.m.

Ante-natal Clinics:

Coalville ...	Tuesdays	10 a.m.
	2nd. and 4th. Thursdays	2 p.m.
Hinckley ...	Mondays	2 p.m.
	1st., 3rd., and 5th. Thursdays	2 p.m.
South Wigston ...	1st., 2nd., 3rd., and 5th. Mondays	2 p.m.

Infant Welfare Centres:

Coalville ...	Tuesdays	2 p.m.
Hinckley ...	Tuesdays	2 p.m.
Melton Mowbray ...	Wednesdays	2 p.m.
South Wigston ...	2nd. and 4th. Tuesdays, ... and 2nd. and 4th. Wednesdays	2 p.m.

It should be noted that in addition to the above, sessions are held on premises which are rented, but not owned, by the County Council. An additional ante-natal clinic is held at Wigston Magna, also 31 infant welfare centres in various parts of the county. Complete information will be found in the sections dealing particularly with ante-natal clinics and infant welfare centres.

Venereal Diseases:

Treatment of venereal diseases in county patients is carried out at the Leicester Royal Infirmary, and the Loughborough General Hospital. Particulars of sessions are given in the report of the Director of Venereal Diseases Services.

HOSPITALS: PUBLIC AND VOLUNTARY.

Infectious Disease and Tuberculosis:

The beds available in the county for infectious disease, and tuberculosis, are distributed as follows:—

Tuberculosis Sanatorium:

Markfield	138 beds
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Isolation Hospitals:

Markfield	76 ..
Blaby	17 ..
Hinckley	23 ..
Melton Mowbray	32 ..

Smallpox Hospitals:

Snarestone	...	...	...	23 ..
Syston	...	...	...	15 ..

There is a reciprocal arrangement with the Leicester City Authority for the reception of smallpox patients.

Public Assistance.

Accommodation is provided by the Public Assistance Committee for both acute and chronic sick at their various institutions and, at some, maternity bed accommodation is also available.

Name of Institution—	Maternity beds	Other beds	Total beds
Public Assistance Infirmary:			
Bosworth Park	18	127	145
Public Assistance Institutions (Infirmary beds):			
Blaby	—	33	33
Loughborough	*2	111	113
Lutterworth	—	12	12
Market Bosworth	—	31	31
Market Harborough	*3	57	60
Melton Mowbray	26	147	173
Mountsorrel	—	38	38

* Emergency beds only.

Voluntary.

The treatment of county patients for acute medical and surgical illness is chiefly undertaken at the Leicester Royal Infirmary, and the Loughborough General Hospital. Patients are also admitted for acute illness to the smaller hospitals, as follows:—

- Ashby-de-la-Zouch Cottage Hospital.
- Hinckley and District Hospital.
- Lutterworth Cottage Hospital.
- Market Harborough Cottage Hospital.
- Melton Mowbray War Memorial Hospital.

Maternity patients are taken by the Loughborough General Hospital, and the district hospitals at Ashby-de-la-Zouch, Lutterworth and Market Harborough.

Some complicated maternity cases are accepted by the Leicester and Leicestershire Maternity Hospital, Causeway Lane, Leicester.

WELFARE OF THE BLIND.

Registration under the Blind Persons Acts is carried out on behalf of the County Council by the Royal Leicester, Leicestershire and Rutland Institution for the Blind. At the end of the year 492 county cases were on the register, 70 names having been added, and 83 removed from the register during the year.

The Institution provides suitable training facilities in its own workshops, and also assists blind persons by the granting of domiciliary help, and augmentation of wages in suitable cases.

VACCINATION.

The districts of the public vaccinators in the county number 30, and those of the vaccination officers 15.

The following is a summary of the vaccination officers' returns which are rendered to the Registrar General respecting the vaccination of children whose births were registered between 1st January and 31st December, 1945:—

(1) No. of births entered in birth lists as registered during 1945	...	...	5,702
(2) Statement relative to the above births on 31st January, 1947:—			
(a) No. successfully vaccinated	...	...	766
(b) No. insusceptible of vaccination	...	...	Nil
(c) No. had smallpox	...	...	Nil
(d) No. of statutory declarations received	...	...	4,130
(e) No. died unvaccinated	...	...	135
(f) No. temporarily unaccounted for	...	...	418
(g) No. otherwise unaccounted for	...	...	253
		—	5,702
(3) No. of cases of children successfully vaccinated after statutory declaration had been received (included in sub-heading (d))			5
(4) Total no. of certificates of successful primary vaccination of children under 14 years of age received during the year 1946			892
(5) No. of certificates of successful primary vaccination sent to other districts (included in heading (4) )	...	...	105
(6) Total no. of statutory declarations actually received during the year 1946	...	...	4,596

MATERNITY AND CHILD WELFARE.

The Leicestershire Maternity and Child Welfare Committee is responsible for the entire administrative county, with the exception of Loughborough Municipal Borough (population 33,420), and Market Harborough Urban District (population 9,897), both of which are autonomous maternity and child welfare authorities. The Leicestershire Committee, therefore, administers an area with a population of 275,713.

ANTE-NATAL SERVICES.

Ante-natal Examinations by General Practitioners.

This section of the scheme, which excludes expectant mothers already entitled to ante-natal examinations under the National Health Insurance Act, provides for two ante-natal examinations of the expectant mother, one being a general medical examination early in pregnancy and the other a full obstetrical examination between the 34th and 40th weeks.

The total number of expectant mothers referred by midwives to general practitioners during the year was 689; of these, 272 had two medical examinations, 111 one examination, and in the remaining 306, no report or claim for fee was received from the doctor.

Ante-natal Clinics.

There have been no fundamental changes in the organisation of the ante-natal clinic work during the year, but a general review shows that the facilities at the clinics continue to be utilised to the utmost.

The following is a summary of the work performed by the four clinics at Coalville, Hinckley, South Wigston and Wigston Magna:—

	Coalville	Hinckley	South Wigston	Wigston Magna	Total
(a) No. of sessions	66	71	33	31	201
(b) No. of expectant mothers who attended during year ...	336	431	115	101	983
(c) Total number of attendances	1,086	1,355	485	437	3,363
(d) Average attendance per session	16.5	19.1	15.0	14.1	16.7
(e) No. of women post-natally examined (included in (b) above)	28	58	23	21	130
(f) Total number of attendances of women post-natally examined (included in (c) above)	28	59	25	21	133

Dental Treatment of Expectant and Nursing Mothers.

The expectant and nursing mothers referred for dental treatment come from three sources—the ante-natal clinics, infant welfare centres, and the general medical practitioners. These facilities are not available for women entitled to dental treatment under the National Health Insurance scheme. During the year, dental treatment was completed under the County Council's scheme in respect of 14 patients.

MIDWIFERY AND MATERNITY SERVICES.

Number of Midwives Practising.

The total number of midwives notifying their intention to practise in the county was 229, as compared with 236 in the previous year. During the year, 43 midwives commenced to practise in the county, 16 left the county, and 13 ceased to practise. All the midwives hold the Certificate of the Central Midwives' Board.

The shortage of midwives, both in domiciliary and institutional practice, continued to be most acute, and was a constant source of anxiety.

Administration of Analgesics.

There is now a scheme whereby midwives in domiciliary practice may, by taking a training course, qualify to administer analgesics during labour. At the end of the year 44 midwives in the county were qualified, of whom 16 were in institutional practice.

The 28 domiciliary midwives administered analgesics in 62 cases.

Inspection of Midwives.

A total of 414 visits was made during the year by the Superintendent Health Visitor and the Superintending Staff of the County Nursing Association, who carry out the

inspection of midwives. In no case was it necessary to take disciplinary action for any breach of the rules.

Number of Cases attended by Midwives.

A total of 6,230 cases was attended in the county during the year. Of this number, 3,846 were taken by the midwife alone, and in the remaining 2,384 cases, a doctor was also in attendance.

Notifications received from Midwives.

The following returns were received from the county midwives during the year:—

Request for medical aid	...	...	...	...	...	763
Liability of midwife to be a source of infection	...	...	...	...	...	67
Midwife having "laid out the dead"	...	...	...	...	...	84
Death of mother or child	...	...	...	...	...	1
} mother	...	...	...	...	...	36
} child	...	...	...	...	...	50
The occurrence of a stillbirth	...	...	...	...	...	150
The commencement of artificial feeding	...	...	...	...	...

Requests for Medical Aid.

In 19.8% of the cases attended by midwives, it became necessary to send for medical aid.

The chief causes for the requesting of medical help for the mother were:—ruptured perineum 293, difficult labour 87, malpresentation 41, ante-partum haemorrhage 46, adherent placenta 12, raised temperature 27, miscarriage 31, unsatisfactory general condition of mother 15, post-partum haemorrhage 21, abortion 11, albuminuria 10, varicose veins 6.

The chief causes for the requesting of help for the child were:—discharge from the eyes 42, feebleness 13, prematurity 22, abnormalities 18.

During the year 475 claims from doctors for medical help requested by midwives, were passed for payment.

COUNTY MIDWIFERY SERVICE.

The Leicestershire County Council is the supervising authority under the Midwives' Act of 1936 and the administration of the domiciliary midwifery service is carried out through the agency of the Leicestershire County Nursing Association.

The domiciliary midwifery service in the county is provided by nurse-midwives employed by the District Nursing Associations, with the exception of Coalville, Donisthorpe, Hinckley, Loughborough, and Melton Mowbray districts where whole-time midwives are employed, and also in the Market Harborough Urban District where special arrangements have been made for the employment of a nurse-midwife.

Loughborough and Market Harborough.

As Loughborough Municipal Borough, and Market Harborough Urban District are autonomous maternity and child welfare authorities, the appointment of three whole-time midwives in Loughborough is made by the County Council in conjunction with the Borough Council, but the Market Harborough Council appoint one nurse-midwife on their own, the County Council giving a grant based on the proportion of midwifery cases to the remainder of the nurse's work.

The following table summarises the work of the whole-time midwives employed by the County Council:—

District	No of midwives	Cases booked		Cases completed		Abortions and miscarriages	Cases cancelled	Visits paid	
		Midwifery	Maternity	Midwifery	Maternity			Ante-natal	During puerperium
Coalville ...	5	216	138	183	126	9	17	1,459	6,890
Donisthorpe ...	1	62	8	46	9	1	4	238	910
Hinckley ...	3	266	19	204	26	10	14	1,760	4,491
Melton Mowbray ...	2	99	30	70	25	4	10	898	1,791
Loughborough	3	197	75	164	61	4	33	1,425	4,152
Total ...	14	840	270	667	247	28	78	5,780	18,234

District Nursing Associations.

There are 81 district nurse-midwives who are employed by 71 district nursing associations, each of the latter being affiliated to the County Nursing Association.

During the year, 1,241 midwifery, and 733 maternity cases have been taken by the nurse-midwives, in addition to their general nursing duties.

MATERNAL CARE.

A total of 6 deaths occurred during the year due to puerperal causes, 1 of these being due to sepsis.

The maternal mortality rate of 0.89 deaths per thousand births shows a decrease on the corresponding figure of 2.69 for the year 1945.

Provision of Consultants.

Consultants with special experience in obstetrics are available under the Council's scheme to any general medical practitioner in the area, and should it be necessary, a practitioner can call upon the "Flying Squad Emergency Unit" from the Leicester Royal Infirmary. This unit consists of a consultant, a nurse, and a complete outfit of sterilised obstetric equipment which is always kept in readiness. The object of this provision is to ensure that, in an emergency where there is no time to transfer the patient to the Infirmary, or the patient is too ill to be moved, she can receive expert treatment in the home.

Fortunately, the occasions on which these facilities have been required are few, but this service has undoubtedly been of very great value in the past, and the means of saving many lives.

During part of the months of August and September, the maternity ward at the Leicester Royal Infirmary which deals only with complicated cases, had to be closed down for four weeks owing to staffing difficulties. The patients who would normally have been admitted were either treated in their own homes or removed to other hospitals.

The Maternity and Child Welfare Committee accepts financial responsibility where the patient is unable to pay the consultant's fee, and a subsequent claim is made on the patient according to the financial circumstances.

During 1946, consultants were called upon under the scheme to attend three complicated cases.

In addition, 25 patients attending ante-natal clinics were referred to the consultants on account of suspected abnormalities. It is part of the arrangements that no charge is made to patients in attendance at the Council's ante-natal clinics.

Birth Control.

Arrangements are still in force for the attendance of patients within the area at the Leicester City Birth Control Clinic. This facility is dependent on the production of a medical certificate to the effect that childbirth would be dangerous to the life or health of the patient. The number of cases referred, whether by their own doctors, or members of the county medical staff, during 1946, was 51.

INFANT WELFARE CENTRES.

All the infant welfare centres are controlled by the Maternity and Child Welfare Committee, who provide the necessary medical and nursing staff. The local administration is in the hands of voluntary committees. This arrangement has always been highly successful in this county, and the greatest praise is due to the voluntary helpers for their assistance in this service.

There are 36 infant welfare centres as shown in the following list which gives the details of sessions, and also the average attendances of mothers and children at each centre during the year.

Infant Welfare Centres.

Centre	Day of month on which Infant Welfare Centre is held	Average Attendances Year 1946	
		Mothers	Children
Anstey	2nd and 4th Mondays	61.7
Asfordby	" " Thursdays	41.5
Ashby-de-la-Zouch	" " Thursdays	61.8
Barrow-upon-Soar	2nd and 4th Wednesdays	23.9
Barwell	" " Thursdays	51.5
Birstall	" " Mondays	45.8
Blaby	1st and 3rd Tuesdays	52.4
Braunstone (County)	Wednesdays	88.6
Coalville	Tuesdays	70.8
Cosby	1st and 3rd Wednesdays	23.4
Desford	" " Tuesdays	59.0
Earl Shilton	" " Thursdays	61.1
Enderby	" " Wednesdays	23.5
Glenfield	2nd and 4th Tuesdays	63.5
Hinckley	Tuesdays	148.8
Hugglescote	2nd and 4th Mondays	22.9
Ibstock	" " Thursdays	37.8
Kegworth	" " Wednesdays	36.0
Kibworth	" " Wednesdays	29.0
Lutterworth	1st and 3rd Thursdays	48.8
Melton Mowbray	Wednesdays	70.0
Mountsorrel	1st and 3rd Tuesdays	55.9
Narborough	2nd and 4th Wednesdays	34.5
Oadby	" " Wednesdays	39.4
Quorn	1st and 3rd Wednesdays	47.7
Rearsby	" " Tuesdays	24.0
Rothley	" " Mondays	44.6
Shepshed	" " Wednesdays	46.4
Sileby	" " Tuesdays	91.5
Syston	Mondays	56.1
Thurmaston	2nd and 4th Tuesdays	26.5
Whetstone	" " Tuesdays	29.4
Whitwick	" " Mondays	49.3
Wigston Central	2nd and 4th Wednesdays	40.9
" South	" " Tuesdays	47.8
" Magna	" " Thursdays	69.9
			70.4

All infant welfare centres are held either at 2.0 or 2.30 p.m.

Requests have come from many parts of the county for additional centres to be set up. The chief difficulty in further extension of this service is in obtaining professional staff. However it is hoped to provide a few additional centres in the future in those areas where there is sufficient concentration of population to justify the allocation of the time of the medical and nursing staff.

Statistics.

		1946	1945
Total number of meetings	... ... ... ... ...	935	967
Numbers of mothers and children on the registers:—			
Mothers	... ... ... ...	6,123	6,148
Infants under 1 year	... ... ... ...	4,219	4,319
Toddlers	... ... ... ...	3,539	3,813
Total attendances:—			
Mothers	... ... ... ...	52,329	55,243
Infants under 1 year	... ... ... ...	31,494	34,218
Toddlers	... ... ... ...	24,839	27,463
First attendances:—			
Mothers	... ... ... ...	2,897	2,761
Infants under 1 year	... ... ... ...	2,826	2,712
Toddlers	... ... ... ...	370	324
Total number of weighings by health visitors	... ...	51,200	47,835
Number of children examined by the medical officers:—			
First examinations	... ... ... ...	2,365	2,210
Total examinations made	... ... ... ...	5,118	5,028

The principal defects found by the medical officers during the course of their examinations were:—

Phimosis 212, skin conditions 207, umbilical hernia 157, bronchitis 118, gastric disorders 105, eye conditions 88, congenital deformity 60, diarrhoea 58, strabismus 47, rickets 33, nutritional disorders 27, anaemia 19, enlarged tonsils and adenoids 18, threadworms 14, congenital heart disease 13, femoral or inguinal hernia 11, enlarged glands 9, nose and throat defects 8, otorrhoea 5.

THE CARE OF PREMATURE INFANTS.

A special scheme is in force by which a detailed supervision of premature infants is maintained by the Health Department. Notification is received of the birth and birth weight of every child, and a special record is kept of all children whose birth weight is $5\frac{1}{2}$ lbs. or less. Mutual arrangements, in accordance with the Ministry's scheme, exist between all maternity and child welfare authorities, so that by interchange of information, accurate data is available. Responsibility for keeping records lies with the authority in whose area the premature birth occurs.

All information received in the Health Department is notified to the health visitors so that they can maintain a careful supervision of the infants and give advice to the mothers.

During the year, 287 premature births were notified to the Department; of this number, 35 related to children whose parents normally resided outside the administrative area.

The following is a summary of the results of following-up the 287 children born in the area.

Premature children born at home	...	...	...	184
Nursed entirely at home	...	...	...	172
Died within the first 24 hours	...	...	...	17
Died within 28 days	...	...	...	42
Survived at end of 28 days	...	...	...	142
Premature children born in hospital	...	...	...	103
Died during the first 24 hours	...	...	...	4
Died during the first 28 days	...	...	...	15
Survived at end of 28 days	...	...	...	88

Thus, of the 287 premature children notified, 57, or 19.5% died within the first month of life.

In addition, 84 premature births occurred in the areas of other welfare authorities, the mothers being residents of the administrative area. Thus, there was a grand total of 336 premature infants born to normal residents of the area.

THE CARE OF ILLEGITIMATE CHILDREN.

Unfortunately, some increase in the illegitimacy rates of the County, in common with those of the country as a whole, has taken place during recent years. It is necessary therefore, that particular attention be paid by all welfare authorities to the supervision of these illegitimate children, and in Leicestershire close co-operation is maintained with the Leicester Diocesan Moral Welfare Association. Each health visitor is responsible for the supervision of the mother and the child, and renders periodical reports to the Superintendent Health Visitor.

Leicester Diocesan Moral Welfare Association gives valuable assistance where the health visitor encounters social and moral difficulties. The Association also gives assistance and advice in the obtaining of affiliation orders. In recognition of this assistance, a joint grant of £150 per annum is made to the Association by the Leicestershire County Council, the Loughborough Municipal Borough Council, and the Market Harborough Urban District Council. The cost to each of the three welfare authorities is proportioned according to the corrected annual numbers of illegitimate births in each area.

The reports of the Leicester Diocesan Moral Welfare Association show that 81 unmarried expectant mothers, and 67 mothers with illegitimate children, were referred to them during the year. Follow-up cases dealt with by the Association, totalled 158, and miscellaneous cases 319.

The Council have an agreement with the St. Saviour's Diocesan Maternity Home at Northampton for the admission of unmarried mothers for confinement. Very good work is done as the Home stipulates a stay of at least three months for supervision, conduct and training. During the year, 13 unmarried mothers were admitted from this area.

In 1946, there was a total of 383 illegitimate births in the county, and of these,

328 occurred within the area of the County Maternity and Child Welfare Committee. The importance of the problem is demonstrated by a consideration of the illegitimacy rates; 58.4 births out of every thousand occurring in the County are illegitimate, a proportion of almost 6%. This year, the illegitimate infant mortality rate of 39.2 is close to the legitimate mortality rate of 35.6.

ADOPTION OF CHILDREN.

The national adoption societies and the Leicester Diocesan Moral Welfare Association render invaluable service in connection with the adoption of children, and carry out detailed inquiries into the history of the family from which the child comes, and into the home of the adopter, before the child is legally adopted. In addition, the child is given a thorough medical examination.

Some adoptions are carried out by private arrangement, and it is desirable in such cases that the adopter be satisfied regarding the health of the child and the legal formalities.

During the year, one case only was notified to the Health Department under Section 7 of the Adoption of Children (Regulation) Act, 1939. This Section requires a person who participates in arranging an adoption (other than a child's parent or guardian, or person with whom the child is to be placed) to notify the welfare authority in whose area the child is to be placed.

CHILD LIFE PROTECTION.

By the publication of the Curtis Report during the year, public attention has been focussed on the methods used by local authorities in the supervision of the health and welfare of foster children. In Leicestershire, particular attention has always been paid to this work, and each child is seen by the health visitor as a routine measure at bi-monthly intervals, or more frequently, if necessary. Detailed reports of these cases are submitted to the Health Department and any unsatisfactory circumstances are investigated immediately by a medical officer.

The following is a summary of the changes in the register of foster children during 1946:—

No. of cases on register on 31st December, 1945	...	...	...	23
,, of new cases	...	...	...	15
,, returned to parents	...	...	...	9
,, attained nine years of age	...	...	...	4
,, left county	...	...	...	4
,, transferred to new foster parents	...	...	...	1
,, of cases on register on 31st December, 1946	...	...	...	20

Separate registers are maintained by the Loughborough and Market Harborough maternity and child welfare authorities.

All schools where there are boarders under the age of nine years are inspected regularly by the Deputy County Medical Officer who checks up on all aspects of environment, diet, and other matters relevant to the health and well-being of the children concerned.

ORTHOPÆDIC TREATMENT.

The facilities of the orthopædic scheme are available to children under the age of five years. Close co-operation is maintained with the Leicestershire Voluntary Association for Cripples' Welfare, and the Loughborough Cripples' Guild. During the year in-patient treatment was given in 21 cases, appliances in 22 cases, and operative treatment at Leicester City Clinic in 2 cases. Attendances at clinics were as follows:—

Leicester City Clinic	...	...	115
Rugby Orthopædic Clinic	...	...	4
Coalville Clinic	...	...	319
Hinckley Clinic	...	...	268

PRIORITY DOCKETS FOR THE PURCHASE OF SHEETS.

The Board of Trade's scheme for the issue of priority dockets for the supply of sheets to expectant mothers has continued during the year. Dockets are only issued upon receipt of an appropriate certificate from the midwife booked to attend the confinement at the patient's home. A maximum number of three sheets is allowed. There were 6,769 dockets issued to 2,352 expectant mothers.

NURSING HOMES.

During the year, there was one new application for registration, which was granted. No Home was discontinued during the year.

The total number of registrations in force on the 31st December, 1946 was ten, consisting of two nursing homes, five maternity homes, and three combined nursing and maternity homes. The total bed accommodation was 37 for maternity cases, and 42 for general cases.

The following is a list of Nursing Homes in the County:—

<i>Address of Nursing Home.</i>	<i>Number of beds</i>		
	<i>Maternity</i>	<i>General</i>	<i>Total</i>
"The Dale," Lutterworth	...	5	5
"The Yews," Stoughton Road, Oadby	...	20	20
"Innisfree," Melton Road, Barrow-on-Soar	1	—	1
25 London Road, Coalville	6	—	6
"Braemar," Newton Burgoland	1	—	1
77 Park Road, Loughborough	10	—	10
"The Newlands," Kirby Muxloe	6	—	6
The Old Vicarage, Mountsorrel	3	8	11
The Loughborough Nursing Home Ltd., Radmoor Street, Loughborough	5	5	10
"Fairhaven," Shellbrook, Ashby-de-la-Zouch	5	4	9
Totals	37	42	79

All the Nursing Homes in the county are inspected regularly by the Deputy County Medical Officer and the Inspectors of Midwives. Special visits are also made when circumstances necessitate.

HEALTH VISITORS.

As pointed out in the report for 1945, a shortage of health visitors has made it difficult to maintain the pre-war number of health visiting staff, much less meet the ever-increasing demands which would justify an increase in the number of health visitors by about one-third. Approval has been given for this increase in the health visiting staff to meet post-war needs.

In this county, the duties of health visitor, school nurse, tuberculosis visitor, and child life protection visitor are combined, as it has been felt that continuity in the supervision of family life is an important factor in the maintenance of a high standard of supervision of both children and adults who come within the purview of the various schemes provided by a local authority.

The scholarship scheme for the recruitment of health visitors, sponsored by the County Education Committee on behalf of the Maternity and Child Welfare Committee, has proved of considerable value. The number of health visitors who have retired from service since the war has necessitated replacements, and thus it has not been possible to attain the required increase in the establishment.

The following is a summary of the work of the health visitors. Duties in connection with the School Medical Department are not included.

Children under twelve months of age:—

First visits	...	...	...	...	...	...	5,778
Subsequent and special visits	...	...	...	...	...	...	23,609
Children aged one to five years	...	...	...	...	...	...	43,439
						Total	72,826

Tuberculosis:—

First visits	...	...	...	...	...	...	319
Subsequent and special visits	...	...	...	...	...	...	2,995
						Total	3,314

Attendances at infant welfare centres	...	...	...	...	...	...	1,020
" ante-natal clinics	...	...	...	...	...	...	212
" tuberculosis dispensaries	...	...	...	...	...	...	357
" orthopaedic clinics	...	...	...	...	...	...	141
Visits to expectant mothers	...	...	...	...	...	...	1,241
" re stillbirths	...	...	...	...	...	...	109
" re child life protection	...	...	...	...	...	...	245
" re practising midwives	...	...	...	...	...	...	178
Special visits	...	...	...	...	...	...	243

DAY NURSERIES.

During the year, the Ministry of Health transferred to local authorities the full responsibility for continuing the day nursery service. Consequently, three nurseries at

Braunstone, Melton Mowbray, and Wigston Magna, were handed over to the Education Committee; while the other three at Hinckley, South Wigston, and Syston, were retained by the County Maternity and Child Welfare Committee. Full particulars are given in the section dealing with War-time Emergency Services.

EMERGENCY SERVICES. MATERNITY SERVICE.

Owing to the lack of accommodation in the London area, the scheme for evacuation of expectant mothers has been continued. The following is a summary of the work performed at the Lockington Hall Emergency Maternity Home, which was the only Emergency Maternity Unit required to be kept open during the year.

No. of beds	40
No. of patients admitted ...	829
No. of babies born: Male ...	413
Female ...	342
Total number of babies born	755
No. of twins (pairs)	2
No. of stillbirths	9
No. of miscarriages	—
No. of infant deaths	4
No. of maternal deaths	1

The total number of infants born in this maternity home up to the end of December, 1946 was 3,452, of which 1,800 were males and 1,652 were females.

The pre-natal hostel at Lockington Lodge has accommodation for 16 patients. Owing to the lack of domestic staff, this hostel had to close in August, but during the year, 140 expectant mothers passed through the hostel, making a total of 554 admissions since the hostel was opened in August, 1943.

DAY NURSERIES.

At the commencement of 1946, there were six day nurseries in operation in the county. In accordance with the terms of the joint circular of the Ministry of Health and the Ministry of Education, dated 14th December, 1946, the Braunstone (Ravenhurst Road) Nursery was transferred at the end of March to the County Education Authority, to be administered as a nursery school. At the end of June, the nurseries at Melton Mowbray and Wigston Magna were also transferred to the Authority for similar use.

Each of the remaining nurseries—at Hinckley, South Wigston, and Syston—caters for 15 children aged from six weeks to two years of age, and for 25 children aged from two to five years. A condition attached to the admission of a child is that the mother should be employed in industry. Preference is given to especially needy cases.

The nursery staffs are trained in both the educational and the nursing aspects of their work. The nurseries are recognised as training centres for the Nursery Nurse's Diploma. During the year two members of the nursery staffs have gained this diploma and two successfully passed the Child Care Reserve Course.

The following are the statistics for the year 1946:—

	Braun-stone.	Melton Mowbray.	Wigston Magna.	Hinckley.	South Wigston.	Syston.
	Jan. 1 to Mar. 2.	Jan. 1 to June 30.	Jan. 1 to June 30.	Whole Year.	Whole Year.	Whole Year.
Average number of children on register ...	28.6	34.0	30.3	44.2	37.6	40.7
Average daily attendance ...	16.9	23.7	25.3	37.3	28.2	29.2

On 31st December, 1946, the numbers of children on the registers were as follows:—
Hinckley 44. South Wigston 31. Syston 43.

There has been only one outbreak of infectious disease sufficiently serious to warrant the closure of a nursery—that of Sonne dysentery at the Braunstone nursery. This nursery was closed on 2nd March, and was not re-opened before its transfer to the County Education Authority at the end of that month.

If a case of infectious illness is noted in a nursery, every precaution is taken to prevent the spread of the disease, and no new admissions are accepted until the full period of quarantine has expired.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The following table gives details of rainfall during 1946 at the Sewage Farm, Wigston, and I am indebted to Mr. G. F. Stacey, Surveyor to the Wigston U.D.C., who kindly supplied these figures.

Month	Total depth	Greatest fall in 24 hours		No. of days with 0.01 in. or more	No. of days with 0.04 in. or more
	Inches	Inches	Date		
January	1.42	0.29	10	14	10
February	2.82	0.38	23	16	13
March	0.78	0.17	22	9	8
April	1.85	0.43	5	10	6
May	1.41	0.43	19	13	8
June	2.93	0.32	11	22	17
July	1.69	0.55	18	10	8
August	4.36	1.16	10	17	14
September	4.51	1.50	21	18	17
October	1.06	0.50	27	7	5
November	5.58	0.94	15	21	18
December	2.28	0.47	9	23	16
Total	30.69	—	—	180	140

The following are the rainfall figures for the last ten years:—

Year.	Rainfall in inches.
1937	26.30
1938	22.18
1939	28.45
1940	26.42
1941	26.96
1942	20.79
1943	20.68
1944	24.64
1945	21.92
1946	30.69

During the year investigations of the purity of water supplies were continued throughout the county, 474 samples were submitted for analysis, compared with 458 in the year 1945, and the results are set out in the following table.

District	Satisfactory		Unsatisfactory	
	Chemical	Bacteriological	Chemical	Bacteriological
URBAN DISTRICTS				
Ashby-de-la-Zouch	—	—	—	—
Ashby Wouds	—	—	—	—
Coalville	4	44	—	11
Hinckley	2	2	2	11
Loughborough M.B.	8	27	—	3
Market Harborough	23	52	—	5
Melton Mowbray	2	—	8	—
Oadby	—	—	—	1
Shepshed	—	—	—	—
Wigston	—	—	—	—
RURAL DISTRICTS				
Ashby-de-la-Zouch	2	2	2	15
Barrow-on-Soar	—	40	—	57
Billesdon	—	4	—	13
Blaby	4	5	—	6
Castle Donington	4	2	20	11
Lutterworth	—	6	2	13
Market Bosworth	1	—	24	—
Market Harborough	3	—	1	—
Melton and Belvoir	5	7	11	9
Totals	58	191	70	155

The above figures indicate the total number of water examinations carried out by the district councils, and in many cases the samples have been taken from wells and springs used by comparatively few people. The results therefore must not be interpreted as bearing any relation to the purity of the general water supply of the various districts.

The greater part of each of the urban districts is provided with a piped supply. In the rural districts, 121 parishes have piped supplies, but 106 are without piped supplies and rely mainly on wells. The quality of the piped supplies was generally satisfactory, but the well supplies were in most cases of very doubtful quality.

The following work was carried out during the year in connection with water supplies to dwelling-houses:—

	Urban districts	Rural districts
Piped supplies substituted for well supplies	25	283
Wells closed	18	46
Wells cleansed, repaired, etc..	10	43

Of the urban districts, Ashby-de-la-Zouch and Melton Mowbray report some restrictions of supplies during the year owing to shortages at the source, and Ashby Woulds report serious shortage. In the latter case boring was being carried out to try to obtain augmentation of supplies.

Of the rural districts, Blaby, Market Bosworth and Melton and Belvoir report seasonal and local shortages during the year. In Market Harborough Rural District arrangements were made for carting water to the villages of Church Langton and Husbands Bosworth.

SEWERAGE AND SEWAGE DISPOSAL.

In a number of cases in both the urban and the rural districts, new sewers were constructed during the year to serve new housing estates, etc.

In the Ashby rural district the small disposal works at Newbold were reconstructed and repaired.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

This Act has been in force for over two years, and although parts have been repealed by the Water Act, 1945, those very important sections still remain in force which provide for the contributing by the Government and county councils towards the expenses incurred by district councils in providing water supplies and adequate sewerage and sewage disposal in rural localities.

Considerable activity has been shewn during the year by the various local authorities in the County in the formulation of schemes for piped water supplies and for sewerage and sewage disposal. In the face of many difficulties, the district councils have produced some very practical proposals, and providing all the schemes come to fruition, the County will, in due course, be excellently served.

During the year under review, 24 individual schemes have been considered, 12 relating to water supplies and 12 to sewerage and sewage disposal.

Public Health Inquiries have been held in respect of 2 schemes of sewerage and sewage disposal. The Minister of Health has also indicated the provisional amounts of Government grants under the Act in respect of 2 schemes of sewerage and sewage disposal.

This brings the total number of schemes considered since the passing of the Act to 39, of which 17 relate to water supplies and 22 relate to sewerage and sewage disposal.

In addition, there are 3 large water schemes under consideration to provide for the distribution of water from the Leicester Corporation to large areas of the County as follows:

- (1) The South East Leicestershire Scheme, involving parts of Billesdon R.D., Market Harborough R.D. and Market Harborough U.D.
- (2) The South Leicestershire Scheme (Western Area), involving parts of Lutterworth R.D. and Market Harborough R.D.
- (3) The North East Leicestershire Scheme, involving parts of Barrow-upon-Soar R.D., Billesdon R.D., Melton and Belvoir R.D. and Melton Mowbray U.D.

SANITARY INSPECTION.

SANITARY INSPECTION BY DISTRICT COUNCILS.

Shops Act, 1912 to 1938.

Certain provisions of these Acts affect the health and comfort of shop workers. These provisions give power to require suitable and sufficient means of ventilation, heating and lighting, sanitary conveniences, washing facilities, facilities for the taking of meals, and seats for female shop assistants.

The responsibility for the enforcement of these provisions in Leicestershire is divided as follows:—

Ventilation } Heating } Sanitary conveniences }	Loughborough Borough Council and all the Urban and Rural District Councils.
Lighting } Washing facilities } Facilities for taking meals ... } Seats for female shop assistants	Loughborough Borough Council, Coalville and Hinckley Urban District Councils: elsewhere in the County, the County Council (administered by the County Police).

The work done by the district councils during the year may be summarised as follows:—

Defects.	Outstanding from previous year.	Defects found.	Defects remedied.	Outstanding 31/12/46.
Sanitary conveniences ...	3	26	27	2
Heating	—	4	4	—
Ventilation	—	6	6	—
Washing facilities ...	—	3	2	1

Closet Accommodation.

During the year 45 privies were abolished, 366 pail closets were converted into water closets and 18 privies were converted to pail closets. Worthy of comment are the 90 pail closets converted to water closets in the Barrow-on-Soar rural district, the 88 in the Blaby rural district and the 47 in the Market Bosworth rural district.

The following is a summary of the position as regards closet accommodation in the county at 31st December, 1946:—

	Privies	Pail closets	Water closets	Total
Ten urban districts ...	400	1,262	45,986	47,648
Nine rural districts ...	1,731	15,941	30,874	48,546
Totals ...	2,131	17,203	76,860	96,194

Complaints.

The following complaints were received by me during the year and were referred to district officers:—

General sanitary matters	...	...	...	38
Housing	...	...	...	30
Water supplies	...	...	...	5

73

HOUSING.

The following table summarises the activities of the District Councils in connection with the provision of new houses.

Applicants for Council houses number 14,353 as against 10,746 last year, and 2,399 houses have been erected or were in course of erection at the end of the year compared with 682 at the same time last year.

District	Total no. of applicants for council houses at end of year	Total programme of new houses during next five years	Houses built during year 1946		Houses in course of erection at end of year	
			Local authority	Private enterprise	Local authority	Private enterprise
URBAN DISTRICTS						
Ashby-de-la-Zouch	350	225 (3 yrs)	—	—	—	50
Ashby Wouds	250	320 (3 yrs)	—	—	71	—
Coalville	874	186 (1 yr)	—	—	76	28
Hinckley	1,050	—	182	8	22	224
Loughborough M.B.	1,653	1,200	—	63	46	—
Market Harborough	650	400	27	4	—	56
Melton Mowbray	598	204 (1 yr)	50	—	7	132
Oadby	319	225 (2 yrs)	—	—	36	—
Shepshed	207	480	—	—	3	—
Wigston	1,200	444	—	—	23	—
RURAL DISTRICTS						
Ashby-de-la-Zouch	941	700	—	—	2	—
Barrow-on-Soar	2,067	2,050	21	16	84	63
Billesdon	248	166 (2 yrs)	—	15	27	—
Blaby	1,012	950	60	—	118	40
Castle Donington	396	384	—	—	22	—
Lutterworth	506	500	38	12	13	—
Market Bosworth	1,100	311 (2 yrs)	50	40	19	46
Market Harborough	381	82 (1 yr)	—	15	—	77
Melton & Belvoir	551	176 (2 yrs)	38	8	6	58
Totals ...	14,353	—	466	181	460	226
					1,499	674

Housing (Rural Workers) Acts, 1926-1942.

As stated in the last Annual Report, these Acts terminated on 30th September, 1945, and no similar provisions have since been brought into operation. The Rural Housing Sub-Committee of the Central Housing Advisory Committee, appointed by the Minister of Health, has been considering the whole question of rural housing and the policy of granting financial assistance for the reconditioning of houses occupied by agricultural workers. It is understood that this Sub-Committee has now reported in favour of the re-introduction of some such scheme.

At 31st December, 1946, the whole of the works on properties for which grants have been authorised, had been completed and the grants paid, with the exception of two cottages for which an extension of time has been granted. The position at the end of the 20 years since the commencement of the Acts was as follows:—

		Applications for assistance	
		Grants	Loans
1.	Number of dwellings in respect of which applications for grants or loans have been—		
(a)	Made to the Council	233	5
(b)	Refused by the Council	26	—
(c)	Withdrawn by the applicants	43	5
2.	Assistance promised by the Council—		
(a)	Total amount of grants or loans promised	£14,428/10/-	—
(b)	Number of dwellings concerned	164	—
3.	Assistance given by the Council—		
(a)	Total amount of grants paid or loans advanced	£14,228/10/-	—
(b)	Number of dwellings concerned	162	—
4.	Number of dwellings on which work has been—		
(a)	Finished (on 31/12/46)	162	—
(b)	Commenced but not finished (on 31/12/46)	2	—

SUMMARY OF THE ORDINARY HOUSING ACTIVITIES IN THE VARIOUS DISTRICTS IN THE COUNTY DURING 1946:—

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR				No. of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	ACTION UNDER STATUTORY POWERS DURING YEAR								HOUSING ACT, 1936, PART IV.—OVERCROWDING					
	HOUSING ACT, 1936, SECTIONS 9, 10 & 16		PUBLIC HEALTH ACTS			HOUSING ACT, 1936, SECTIONS 11 & 13		HOUSING ACT 1936, SEC. 12		No. separate tenements or underground rooms in respect of which closing orders were made	No. dwelling houses overcrowded at end of year	No. families dwelling therein	★ No. persons dwelling therein	No. new cases of overcrowding reported during year	No. cases of overcrowding relieved during year	★ No. persons concealed in such cases			
	Total No. of dwelling houses inspected for housing defects (under Public Health or Housing Acts)†	No. dwelling houses inspected under the Housing (Consolidated) Regulations 1925 & 1932 (included in previous column)	No. dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	No. dwelling houses in respect of which notices were served requiring repairs		No. dwelling houses rendered fit after service of formal notices (By owners)	No. dwelling houses in respect of which notices were served requiring defects to be remedied	No. dwelling houses in which defects were remedied after service of formal notices (By owners)	No. dwelling houses in respect of which demolition orders were made										
URBAN DISTRICTS																			
Ashby-de-la-Zouch...	91	—	1	28	24	—	—	—	1	—	—	9	16	61	2	1	6		
Ashby Woulds ...	14	—	—	11	11	—	—	—	—	—	—	—	—	—	—	—	—		
Coalville ...	143	70	—	51	79	12	3	10	8	—	—	32	44	276	1	2	14		
Hinckley ...	195	—	—	195	172	24	18	48	36	—	—	21	31	187	6	1	5		
Loughborough M.B.	472	225	2	491	463	28	28	—	2	—	—	—	3	6	—	—	46		
Market Harborough	148	—	—	21	21	—	—	—	—	—	—	—	3	6	24	4	5		
Melton Mowbray ...	141	—	—	141	121	—	—	—	—	—	—	—	5	5	31	—	—		
Oadby ...	204	—	—	31	10	—	—	—	—	—	—	—	—	—	1	—	—		
Shepshed ...	189	21	18	3	40	—	—	9	2	7	—	—	—	—	—	—	—		
Wigston ...	462	—	—	32	32	—	—	1	1	—	—	—	11	20	136	12	1	2	
RURAL DISTRICTS																			
Ashby-de-la-Zouch...	2,103	53	210	554	25	—	28	44	4	2	—	93	135	672	93	—	—		
Barrow-on-Soar ...	1,590	1,440	93	691	131	—	16	21	—	7	—	28	30	184	2	2	14		
Billesdon ...	596	—	25	315	30	—	—	—	—	—	—	—	—	—	—	—	—		
Blaby ...	1,087	446	414	973	29	—	14	10	—	—	—	44	47	396	19	12	99		
Castle Donington ...	61	19	—	54	49	—	49	—	42	—	—	—	—	—	—	—	—		
Lutterworth ...	2,601	—	—	453	—	—	57	6	—	—	—	—	—	—	—	—	36		
Market Bosworth ...	153	--	—	28	25	—	46	36	—	—	—	—	13	23	115	6	49		
Market Harborough	2,478	—	—	1,407	14	—	—	—	—	—	—	128	232	828	55	50	167		
Melton & Belvoir ...	362	323	31	67	39	—	24	18	—	—	—	—	—	—	—	—	—		
TOTALS ...	13,090	2,597	794	5,546	1,315	64	98	253	224	14	9	—	387	589	2,910	201	117	512	

★ NOTE—In determining the number of persons sleeping in a house, Section 58 Housing Act, 1936, states that a child who has attained one year and is under ten years old, shall be reckoned as one-half of a unit.

† NOTE—In certain Rural Districts, inspections under the Rural Housing Survey are included under this heading.

INSPECTION AND SUPERVISION OF FOOD.
MILK SUPPLIES.

"Tuberculin-Tested" Milk.

On December 31st, 1946, there were 108 farms licensed to produce "Tuberculin-Tested" milk, and 64 of these also held certificates of "Attestation" issued by the Ministry of Agriculture and Fisheries. During the year 27 new licences were issued and no licences were discontinued.

"Accredited" Milk.

On December 31st, 1946, there were 542 licences in force for the production of "Accredited" milk. During the year 33 new licences were issued and 40 licences were discontinued, including 15 transfers to "Tuberculin-Tested" licences.

The Milk (Special Designations) Regulations, 1936-46. Licences in operation on 31/12/46.

DISTRICT	COUNTY COUNCIL	LICENCES ISSUED BY DISTRICT COUNCILS :—						“PASTEURISED”					
		Tuberculin Tested	Accredited	“Tuberculin Tested”	“Accredited”	Pasteur- ising plants	Retail Distribut'n	Pasteur- ising plants	Dealers	Supple- mentary	Pasteur- ising plants	Dealers	Supple- mentary
URBAN DISTRICTS													
Ashby-de-la-Zouch	1	4	—	11	—	—	—	—	—	—	—	—	—
Ashby, Woulton ...	—	1	1	2	—	5	—	—	—	—	—	—	—
Coalville ...	...	1	1	9	—	2	—	—	—	—	—	—	—
Hinckley ...	...	—	3	40	—	1	—	—	—	—	2	—	—
Loughborough M.B	2	4	3	11	1	—	—	—	—	—	2	1	—
Market Harborough	—	—	—	1	4	2	—	—	—	—	—	1	—
Melton Mowbray ...	...	1	1	3	—	—	—	—	—	—	—	—	—
Oadby ...	...	1	1	—	3	—	—	—	—	—	—	—	—
Shepshed ...	...	—	1	—	2	—	—	—	—	—	—	—	—
Wigston ...	...	—	1	—	6	—	—	—	—	—	—	—	—
RURAL DISTRICTS													
Ashby-de-la-Zouch	2	3	1	62	—	—	—	—	—	—	—	3	4
Barrow-on-Soar ...	1	6	4	53	—	—	—	—	—	—	—	—	—
Billesdon ...	4	14	2	28	—	—	—	—	—	—	—	1	6
Blaby ...	...	2	7	6	50	1	3	—	—	—	—	—	—
Castle Donington ...	1	4	2	40	—	—	—	—	—	—	—	—	—
Lutterworth ...	1	10	—	33	4	—	1	—	—	—	—	—	—
Market Bosworth ...	3	30	1	111	—	—	—	—	—	—	—	—	—
Market Harborough	1	4	1	28	—	1	—	—	—	—	—	—	—
Melton & Belvoir ...	4	14	1	45	—	—	—	—	—	—	—	—	—
TOTALS ...	24	108	27	542	10	14	8	1	3	1	6	11	23

Milk (Special Designations) Regulations, 1936 to 1946.

The foregoing table gives a summary of the "Accredited" and "Tuberculin Tested" licences in operation on 31st December, 1946.

Nine producers were dealt with during the year by the Public Health and Housing Committee because of unsatisfactory conditions at their premises and poor sampling records, as follows:—

The licence of one "Accredited" Producer was suspended in February, and as no improvement took place, was finally revoked in October.

One "Tuberculin-Tested" licence was also suspended in February, but after three months a marked improvement had occurred and the suspension was terminated.

A further "Accredited" licence was suspended in May, and although every opportunity was given to the producer, no material improvement was effected and the licence was revoked in October.

In October, six "Accredited" Producers were reported to the Committee. Three of the licences were revoked from 13th November, 1946. The other three producers were given severe warnings with regard to the renewal of their licences for the year 1947. It is gratifying to be able to report that all these six producers showed marked improvement in conditions and methods by the end of the year, and all the licences were re-issued as from 1st January, 1947.

During the last two years, the numbers of samples of milk collected from farms by the County staff have been as follows:—

	1945				1946			
	Total	Satis.	Unsat.	% Satis.	Total	Satis.	Unsat.	% Satis.
"Accredited" Producers	1,027	780	247	75.9	1,766	1,438	328	81.4
"Tuberculin Tested" Producers ...	165	119	46	72.1	339	289	50	85.3
Miscellaneous (Investigations) ...	81	29	52	35.8	86	61	25	70.9

The Government White Paper (Cmd. 6454) entitled "Measures to Improve the Quality of the Nation's Milk Supply," issued in July, 1943, made an important change in the payment of premiums for the production of tubercle-free milk, in order to encourage the production, and the consumption as such, of this special type of milk. Up to that point the producer of "Tuberculin Tested" milk had received a premium of 2½d. per gallon, whether it was sold as "Tuberculin Tested" milk or not. If it was sold to the public as such, the producer received a further premium of not less than 2d. per gallon from the distributor who had purchased the producer's milk from the Ministry of Food. The distributor himself usually required a higher margin for handling "Tuberculin Tested" milk owing to the greater care and work involved. Thus the opportunities for developing the sale of "Tuberculin Tested" milk as such, in competition with other varieties of milk, were very much restricted. Consequently much of the "Tuberculin Tested" milk produced was bulked with, and sold as, ordinary milk. This was a great discouragement to the producer who thus received only 2½d. per gallon premium.

The White Paper changed the basis of remuneration. Henceforth, a premium of 4d. per gallon was paid direct to the "Tuberculin Tested" producer, premiums payable to producers by distributors were discontinued, and the Ministry of Food took over from the producer the responsibility for finding a market for his product. This has enabled "Tuberculin Tested" milk to be sold to the public at a price only slightly in excess of that paid for ordinary milk (whether raw or heat-treated).

The premium to producers of "Accredited" milk has continued at 1½d. per gallon.

It is interesting to note the changes in the numbers of yearly licences issued for the production of designated milks in Leicestershire, shown by the following figures:—

Licences in operation at 31st December.	"Accredited"	"Tuberculin Tested"	Total.
1940	595	20	615
1941	591	19	610
1942	573	23	596
1943	563	35	598
1944	558	59	617
1945	549	85	634
1946	542	108	650

During the year the following applications for licences were dealt with, including inspections, alterations to premises, etc.:—

For "Accredited" licences	...	...	72
For "Tuberculin Tested" licences	...	...	26
For transfer from "Accredited" to "Tuberculin Tested" licences	...	...	18
Total	...	...	116

The following milk samples were collected from farms during the last four years. These figures do not include samples collected by the district sanitary inspectors from farms in their areas:—

	1946	1945	1944	1943
"Accredited" producers	1,766	1,027	884	785
"Tuberculin Tested" producers	339	165	122	38
Miscellaneous (mainly farm investigations)	86	88	117	105
	<hr/> 2,191	<hr/> 1,280	<hr/> 1,123	<hr/> 928

Clinical Examinations and Tuberculin Testing of Cattle.

The following is a summary of reports of the divisional inspector of the Ministry of Agriculture and Fisheries:—

Summary of Reports of Divisional Inspector of Ministry of Agriculture and Fisheries.

(a) Clinical examination of dairy cattle:

	No. of herd inspections	No. of cattle examined
"Tuberculin Tested" herds	164	11,100
"Accredited" herds	1,280	38,053
Non-designated herds	1,575	23,459

(b) Tuberculin testing of "Tuberculin Tested" herds:

Number of cattle tested	...	...	...	...	11,523
Number of reactors found	...	...	...	...	127 (1.1%)

NATIONAL MILK TESTING AND ADVISORY SCHEME.

It is considered appropriate at the present time to give a review of the working of the National Milk Testing and Advisory Scheme in Leicestershire, which has now been functioning for about four and a half years. Although the scheme is not administered by the County Council or by local authorities, it impinges on their work under the Milk and Dairies' Acts and Orders, and has, through the County Council's co-operation in the working of the scheme, thrown considerable extra work on the staff of the County Sanitary Officers' Department, during the last few years.

In May, 1942, the Government issued a White Paper on Milk Policy which intimated the setting up of a scheme for the testing of milk supplies on a national scale, coupled

with the necessary farm advisory service. It also envisaged, among other things, the payment for milk by the Milk Marketing Board on a quality basis as revealed by the testing of the milk itself.

The scheme was to be administered by the Minister of Agriculture and Fisheries and was to apply to all milk sold by producers. It was not, of course, to replace the existing standards of "Tuberculin Tested" and "Accredited."

Actually the scheme to pay for milk on a quality basis has never been operated, although it might conceivably be the intention to do so when the time and conditions are opportune. The remainder of the scheme was put into immediate operation and has been working ever since.

The scheme has functioned in each county under the general supervision of the Provincial Dairy Bacteriologist, with the War Agricultural Executive Committee undertaking farm advisory work through a special Sub-Committee. The aim, so far as testing is concerned, is to test all supplies, including designated milk, twice monthly, with an additional platform rejection test on milk of doubtful quality immediately upon arrival at the dairy or dépôt. The test used is the resazurin test, a dye reduction test somewhat similar in principle to the methylene blue test. The milk is sampled at the dairies or dépôts, except in the case of producer retailers for whom special sampling arrangements have had to be made.

Milk of very poor quality may be returned to the producer, while other milk not of good keeping quality may be disposed of by the buyer according to the most suitable facilities available.

The testing of the cleanliness of churns sent back to farms from dairies, and of milk bottles cleansed by dairies, has been a more recent development of the scheme.

In Leicestershire the County War Agricultural Executive Committee appointed a Milk Sub-Committee in July, 1942, for the purpose of administering the scheme. The County Council is represented by Ald. V. R. Pochin, D.L., J.P., and by the County Sanitary Officer; and the district authorities of the County by Mr. L. L. Hesford, Sanitary Inspector, Melton and Belvoir R.D.C.

From the inception of the scheme co-operation between the War Agricultural Committee and the County Council and County District Councils has been achieved through the medium of the Milk Sub-Committee. From the beginning, adverse test results in the case of "Accredited" and "Tuberculin Tested" producers have been notified immediately to the County Sanitary Officers' Department and any necessary action has been taken by the County Staff, reports on such action being given at each meeting of the Milk Sub-Committee.

The district Sanitary Inspectors have co-operated by giving assistance in any case when the advisory officers of the War Agricultural Committee were having difficulty with an undesignated producer.

The County Sanitary Officers' Department has found the results of the testing under the National Milk Testing and Advisory Scheme to be of great value as an additional indication on the standard of production of the various designated producers.

Additional duties have been thrown on the staff in that immediate action has always been taken to ascertain the cause of a producer's failing samples under the scheme. In some cases the producer is genuinely unaware of the fault in his production and is as much concerned as anyone to find the cause of the trouble. In these cases the Department is always very anxious to do all in their power to help the farmer. In other cases, some defect such as severe shortage of water may be a large factor in the trouble and the producer may be largely helpless. Here again everything possible is done to obtain a satisfactory solution of the problem. On the other hand, cases occur where the farmer is definitely the culprit, and knows himself that he is not carrying out the essentials of clean milk production. Here the Department can bring its pressure to bear as the licensing authority for designated licences, and improvement is usually effected without recourse to more stringent measures.

It should be remembered that the results under the National Milk Testing and Advisory Scheme cannot be used for action in connection with the Milk (Special Designations) Regulations, for which the producer's record for sampling by the Department itself is the criterion.

From the inception of the Scheme in 1942, to December, 1946, 2,589 reports have been received of unsatisfactory samples from designated producers, under the National Milk Testing and Advisory Scheme, and all of these have been followed up and dealt with. Lest it should be thought, however, that this is a high number for producers of a specially licensed class, it is interesting to note that 242 of our designated producers have never had a single adverse report under the Scheme during the whole period of its operation, and a large number of the remainder have been reported on one occasion only.

Producers, whose milk samples, in spite of repeated advisory visits, show no sign of improvement, are asked to appear before an interviewing panel of the Milk Sub-

Committee, before the drastic step is taken of asking the Milk Marketing Board to threaten termination of the contract.

Although no designated producers have been dealt with in this manner, your County Sanitary Officer has served as a member of this interviewing panel from its formation.

In concluding these remarks on the National Milk Testing and Advisory Scheme one feels bound to comment on the excellent spirit of co-operation that has been achieved between the various authorities responsible for the administration of the scheme and those responsible for the administration of other milk and dairies legislation, largely through the medium of the Milk Sub-Committee. One cannot but feel regret, that having achieved such a smoothly functioning arrangement in Leicestershire, it appears that before very long a completely new organisation will be set up under the Food and Drugs (Milk and Dairies) Act, 1944, to take over the supervision of the whole of the milk production in the County.

HEAT-TREATED MILK—DEFENCE REGULATION 55G.

The County Council is responsible for the enforcement of Regulation 55G of the Defence (General) Regulations, 1939, which deals with heat-treated milks.

Under this regulation no milk may be sold as "heat-treated," "pasteurised" or "sterilised," unless it has been treated by a person holding an authority from the Ministry of Food to operate a heat-treatment plant.

The provisions of the Milk (Special Designations) Regulations dealing with "pasteurised" milk are still in force, and operate alongside the provisions of Regulation 55G. Thus the designation "pasteurised" can only be used to describe milk treated by a plant for which the district council have issued a pasteurising licence. This means that a person using the designation "pasteurised" must hold a licence from the district council and comply with the requirements of the Milk (Special Designations) Regulations, as well as holding an authorisation from the Ministry of Food. On the other hand, the designations "heat-treated" and "sterilised" may be used under authority from the Ministry of Food only. In the latter cases, no definite requirements are laid down with regard to plant and treatment, the sole criterion, apparently, being that the milk should pass the prescribed tests.

The County Council operates the Regulation on behalf of the Ministry of Food, and has the duty of collecting regular samples from the various plants. It is pleasing to report that the Ministry have also requested the County Council's observations as to the efficiency of plants where trouble has arisen or where an authorisation has been applied for, and it would appear that the opinion given is usually acted upon.

With regard to sampling, the tests laid down for all the heat-treated milks are a phosphatase test for satisfactory heat-treatment and a methylene blue test for keeping quality. The suggested frequency of routine sampling is twice monthly at the plant, in addition to any samples collected in the course of retail delivery, and this is the standard aimed at in Leicestershire.

The district councils have a duty to collect samples under the Milk (Special Designations) Regulations from licensed pasteurising plants in their areas, and so the two schemes have been combined, whereby the samples collected by the district councils are accepted for the purpose of Regulation 55G, and examined at the County Council's expense in the County Laboratory. Where the district council sampling falls short of requirements or in cases of difficulty, the County Sanitary Officers visit the plants. The same applies in inspections and sampling before an authorisation is granted by the Ministry of Food.

At the beginning of the year there were in the County, six plants holding authorisations from the Ministry of Food and licences from the district councils for the "pasteurisation" of milk, and two plants holding authorisations from the Ministry of Food for the "heat-treatment" of milk.

Trouble was experienced during the early part of the year with one of the "pasteurising" plants. Of ten samples collected, seven were unsatisfactory. It was found on investigation that the "holder" had been removed, and that the remainder of the plant was operating on the "flash" principle without proper controls. In view of these circumstances, the "pasteurising" licence was withdrawn by the district council on 30th July, 1946, and the Ministry of Food's authorisation to operate a heat-treatment plant was cancelled on 9th August, 1946.

Later in the year, the County Council were requested by the Ministry of Food to take further tests of the processed milk and to make any observations they thought desirable regarding the efficiency of the plant, which the firm in question stated had been improved. Samples which were taken all showed satisfactory results. It was also possible to report certain improvements to the plant. Accordingly the Ministry of Food re-issued their authorisation on 2nd December, 1946, and no further unsatisfactory samples have been collected from that date to the time of writing this report.

One new "pasteurising" plant has been installed in the county during the year, and was licensed by the district council on 14th November, 1946. This plant operates on the high-temperature short time system. It is rated at 400 gallons per hour capacity. Sampling at this plant was carried out by the County Council for the Ministry of Food and a report on the plant submitted for the purposes of the Ministry's authorisation. The authorisation has since been issued.

Thus at the end of the year there were six licensed pasteurising plants and three authorised "heat-treatment" plants operating in the county. There is also one other small "pasteurising" plant which is not being used at the present time.

In June, 1946, a survey was made of all milk "heat-treatment" plants in the county for the Ministry of Health, and the following summarises the plant capacities existing in the county:—

Pasteurising plants.

Type of plant.	Capacity in gallons per hour.	Gallons per day at present.	Approx. maximum gallons per day.
Holder ...	500	1,600	3,500
H.T.S.T. ...	400	800	2,400
Holder ...	200	880	1,000
Holder ...	100	500	600
Holder ...	100	420	500
Holder ...	55	280	330
Holder ...	50	—	300
	1,405	4,480	8,630

<i>Heat-treatment plants.</i>			
Sterilisation (in bottle) ...	115	700	800
H.T.S.T. ...	100	600	600
Holder ...	50	180	300
	265	1,480	1,700

The following table summarises the result of milk samples collected from "heat-treatment" plants during the year:—

Sampling during 1946	Licensed pasteurising plants			Authorised heat-treatment plants			Totals		
	Satis.	Unsatis.	Total	Satis.	Unsatis.	Total	Satis.	Unsatis.	Total
By District Councils	80	15	95	25	9	34	105	24	129
By County Council	15	1	16	9	1	10	24	2	26
Totals	95	16	111	34	10	44	129	26	155

In addition to the above, the following samples of "pasteurised" and "heat-treated" milks were collected in the county:—

Collected by the county council from schools	...	...	490
Collected by the county council from public assistance institutions			32
Collected by district councils from retailers, etc.	...	...	86
Total ...			608

These are dealt with under their respective sections in this Report.

A monthly return is submitted to the Ministry of Food of the results of all samples of "heat-treated" milks collected in the county, with details regarding unsatisfactory samples, and action is taken with regard to any supplies which show persistently unsatisfactory test results.

MILK SUPPLIES TO SCHOOLS AND PUBLIC ASSISTANCE INSTITUTIONS.

There are now 321 establishments in the county where the milk supplies are subject to the supervision of the county sanitary staff—309 schools, and 12 public assistance institutions and children's homes.

The following table shows the various classes of milk being supplied to these establishments at 31st December, 1946, with comparable figures of the position at 31st December, 1945:—

School and P.A.I. Milk Supplies at 31st December, 1946.

	"Tuberculin -tested"	"Pasteurised"	"Heat- treated"	"Accred- ited"	Non- designated raw milk	Dried milk	TOTALS
SCHOOLS— Secondary Grammar	1	8	3	—	2	—	14
Secondary Technical	—	—	—	—	1	—	1
Secondary Modern	—	17	2	2	—	—	21
Primary	15	163	9	31	50	1	269
Nursery	—	4	—	—	—	—	4
P.A.I.s. and CHILDRENS' HOMES	1	7	—	2	2	—	12
TOTALS ...	17	199	14	35	55	1	321
COMPARABLE FIGURES AT 31-12-45 ...	15	183	6	45	67	3	319

The numbers of suppliers concerned at 31st December, 1946, were as follows:—

"Tuberculin-tested"	...	...	...	11
"Pasteurised"	...	...	...	23
"Heat-treated"	...	...	...	2
"Accredited"	...	...	...	30
Non-designated raw milk	...	...	...	44
				110

The following figures perhaps indicate still more clearly the relative amounts of the different types of milk being consumed by school children in the county at the end of the year:—

Type of milk.	Number of children consuming same.	Percentage of the total children.
"Tuberculin-tested" ...	971	2.73
"Pasteurised" ...	28,030	78.65
"Heat-treated" ...	2,060	5.78
"Accredited" ...	1,896	5.32
Non-designated raw milk ...	2,667	7.48
Dried milk ...	16	0.04
	35,640	100.00

Not all the children attending the schools take milk, but the following table indicates that after the "free-milk scheme" came into operation, a marked increase in the numbers taking milk was manifested.

MINISTRY OF EDUCATION.

Census of School Milks, June, 1946.

	Total primary and secondary schools.		Primary schools.		Secondary schools.				
	Pupils present (day pupils)	Pupils taking milk (day pupils and boarders)	Pupils present	Pupils taking milk	Percentage taking milk	Pupils present	Pupils taking milk	Percentage taking milk	
England and Wales ...	4,596,975	3,296,938	71.7	3,497,087	2,675,128	76.5	1,099,888	621,810	56.3
Leicestershire ...	37,750	27,594	72.9	28,075	22,312	79.5	9,675	5,282	53.9
Leicestershire, October, 1946*	38,107	35,098	92.1	26,700	25,508	95.5	11,407	9,590	84.1

* The "tree-milk scheme" came into operation between June and October, 1946.

As regards the sampling of the various supplies, the aim is ultimately to sample at each school and institution four times yearly as a routine. Increased staff enabled more sampling to be done during 1946 than in any previous year, as the following figures show:—

Samples collected:

		1946	1945	1944	1943
School supplies	...	800	367	273	145
P.A.I. supplies	...	53	34	13	12
		<hr/>	<hr/>	<hr/>	<hr/>
		853	401	286	157

The quality of the milk being supplied can be judged to some extent by the following results of the examination of the samples collected during 1946.

School supplies.

		Total	Satisfactory	Unsatisfactory	% Satisfactory
Raw supplies (including "tuberculin-tested" and "accredited")	...	310	279	31	90.0
Pasteurised and heat-treated	...	490	396	94	80.8
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total ...		800	675	125	84.4

P.A.I. supplies.

Raw supplies	...	...	21	18	3	85.7
Pasteurised and heat-treated	...	...	32	23	9*	71.9
			<hr/>	<hr/>	<hr/>	<hr/>
			53	41	12	77.4

* Includes 5 unsatisfactory samples from one P.A.I. collected in the course of an investigation.

The tests used for raw milks are the methylene blue and the coliform, or in other words the same tests that are applied to "Accredited" and "Tuberculin-Tested" milks under the Milk (Special Designations) Regulations. In the case of "pasteurised" and "heat-treated" milks, the tests used are a methylene blue test for keeping quality, and a phosphatase test for satisfactory heat treatment. In both instances, a sample is regarded as unsatisfactory if it fails to pass either of the tests.

The results show a satisfactory position as regards percentages of samples which passed the tests. In any particular cases where recurring unsatisfactory results were obtained, investigations were made and the causes of the trouble eliminated.

MILK AND DAIRIES ORDER, 1926.

The following table summarises the inspections made and samples collected by the district councils.

District	Regis- tered cow- keepers	Inspec- tions	Regis- tered dairy- men	Inspec- tions	Milk samples collected		
					Satis.	Unsatis.	Total
URBAN DISTRICTS							
Ashby-de-la-Zouch	38	48	10	14	12	4	16
Ashby Wouds	9	18	...	...	...	...	...
Coalville	47	102	46	101	109	28	137
Hinckley	78	225	64	38	69	6	75
Loughborough M.B.	42	193	36	142	128	30	158
Market Harborough	8	20	4	63	29	5	34
Melton Mowbray	21	36	9	21	40	2	42
Oadby	9	12	19	8	...	...	...
Shepshed	26	60	4	15	2	1	3
Wigston	16	64	64	18	165	6	171
RURAL DISTRICTS							
Ashby-de-la-Zouch	212	259	2	5	23	1	24
Barrow-on-Soar	362	399	152	279	36	5	41
Billesdon	149	36	40	10	8	...	8
Blaby	182	305	19	63	88	9	97
Castle Donington	108	45	7	19	6	...	6
Lutterworth	285	124	21	8	...	...	...
Market Bosworth	378	303	143	41	...	...	...
Market Harborough	144	432	5	10	23	1	24
Melton & Belvoir	848	320	287	118	203	29	232
Totals ...	2,952	3,001	932	973	941	127	1,068

MEAT INSPECTION.

Slaughter Houses.

The following table shows the situation of the slaughter-houses, inspections made, etc., together with details of slaughtering in other districts of the county.

District	No. of regional slaughter houses	No. of inspections at time of slaughter	Total No. of animals slaughtered	No. of knackers' yards	No. of inspections
URBAN DISTRICTS					
Ashby-de-la-Zouch	...	10	10	1	4
Ashby Wouds	...	...	...	...	...
Coalville	1	1,014	16,146	...	...
Hinckley	1	410	11,569	...	...
Loughborough M.B.	...	206	206	1	47
Market Harborough	1	289	7,330	...	...
Melton Mowbray	1	450	11,349	1	8
Oadby	...	61	61	...	...
Shepshed	...	110	195	...	...
Wigston	...	68	68	1	8
RURAL DISTRICTS					
Ashby-de-la-Zouch	...	...	...	1	9
Barrow-on-Soar	...	90	1,185	2	46
Billesdon	...	...	2	...	...
Blaby	...	319	854	...	...
Castle Donington	...	...	...	1	7
Lutterworth	...	83	960	1	4
Market Bosworth	...	6	2,376	...	...
Market Harborough	...	15	32	...	...
Melton & Belvoir	...	...	...	2	4
Totals ...	4	3,131	52,343	11	137

FOOD AND DRUGS.

The provisions of the Food and Drugs Act, 1938, dealing with the composition and adulteration of food and drugs, are administered by the county police. The following is a summary of the County Analyst's reports on samples taken in the county, and examined by him during the year.

			Number analysed	Number unsatisfactory	Remarks
Milk	...	...	188	24	Added water—9. Deficient in fat—15.
Arrowroot	...	...	12	—	
Bacon	...	...	5	—	
Baking powder	...	...	12	2	Deficient in available CO ₂ .
Barley	...	...	1	—	
Butter	...	...	15	—	
Cheese	...	...	3	—	
Cocoa	...	...	12	—	
Coffee	...	...	11	—	
Coffee and chicory	...	...	1	—	
Cornflour	...	...	7	—	
Creamola	...	...	1	—	
Custard powder	...	...	2	—	
Dessert powder	...	...	1	—	
Effervescent drink (powder)	...	...	1	—	
Fish paste	...	...	11	—	
Ginger, ground	...	...	12	—	
Granulated gravy	...	...	2	—	
Ham and beef paste	...	...	1	—	
Jelly Crystals	...	...	2	—	
Lard	...	...	8	—	
Margarine	...	...	11	—	
Meat paste	...	...	1	—	
Meat pies	...	...	16	3	Sold as "Pork Pies" but substantially other meat.
Mustard	...	...	11	—	
Oatmeal	...	...	19	—	
Pearl barley	...	...	1	—	
Pepper	...	...	11	—	
Potted meats	...	...	11	—	
Sage and onion stuffing	...	...	2	—	
Sausages	...	...	10	—	
Sausages (preserved)	...	...	2	—	
Sausage roll	...	...	1	—	
Soup, tomato	...	...	2	—	
Spice, mixed	...	...	1	—	
Sugar	...	...	11	—	
Tea	...	...	8	—	
Vinegar	...	...	12	1	Deficient in acetic acid.
Brandy	...	...	21	—	
Cocktail	...	...	1	—	
Gin	...	...	11	1	4.4% added water.
Whisky	...	...	13	1	12.0% added water.
Camphorated oil	...	...	11	—	
Glauber salts	...	...	6	—	
"Appeal to cow" milk samples	...	...	23	—	
Totals	..	..	524	32	
1945	...	...	531	47	
1944	...	...	508	48	

Successful prosecutions were undertaken in eight cases where milk samples showed added water. Two prosecutions in cases of deficiencies of milk fat of 20% and 21% were dismissed. Proceedings were taken against the vendors in the cases of unsatisfactory samples of gin and whisky, resulting in fines of £10 with costs in each case.

Cautions were administered in two cases of milk deficient in fat, and in three cases

where meat pies sold as "Pork Pies" contained substantial proportions of other meats.

In two instances where samples of baking powder were deficient in free carbon dioxide the remaining stocks were destroyed and no further action taken, as deterioration was the probable cause of the deficiencies.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifications of infectious diseases from medical practitioners are collated by the District Medical Officers of Health, who forward a return weekly to the Registrar General.

In practice, it is often found that the original notification diagnosis needs subsequent correction. In order to maintain correct records, a quarterly return of the revised totals of notifications is sent to the Registrar General, and a copy on form 118e to the County Medical Officer of Health.

Table 3 has therefore been re-designed to show an annual total of the returns on forms 118e. It will be noted that non-civilians are included in the table, but these are not included in this review.

In general, the incidence of infectious disease was slightly less than that of the previous year, and could be regarded as satisfactory. However, there was a continuation from 1945 of an outbreak of dysentery, but as it was of a mild type, the large number of notifications rather exaggerates its importance.

Infant Diarrhoea.

This is a disease which is not notifiable under the regulations.

An outbreak occurred in the Bosworth Park Infirmary. This was investigated, and a copy of the report as submitted to the Committee is given below. The matter caused public concern, and received considerable publicity in the Press. However, after preventive measures had been taken, the epidemic ceased and was heard of no more.

BOSWORTH PARK INFIRMARY.

Investigation into the recent outbreak of enteritis amongst newly born infants.

The epidemic of enteritis amongst the infants was brought to our notice by the death of two babies within a few hours of each other on the 15th December, 1946. It was discovered that four other infants who were born at the Infirmary and had been discharged, had also died. It is interesting to note that these six infants who succumbed were not very robust, and some were premature. No other deaths have occurred, but two other infants, affected by the same disease, were sufficiently robust to overcome the infection.

For some weeks previously, odd cases of dysentery had occurred amongst the staff and infirm patients at the Infirmary, but on bacteriological examination they were shown to be cases of Sonne Dysentery.

Bacteriologically, no dysentery organisms have been isolated from the babies, and it can be stated with every certainty that there is no connection whatever between the outbreak of enteritis among the infants and the cases which have occurred among the patients and staff. The latter infection can hardly be regarded as an epidemic, as only five cases have occurred since the first case was discovered in September last. One convalescent carrier was detected by routine bacteriological examinations.

The immediate steps to deal with the epidemic amongst the infants were to cancel the admission of all maternity patients until the 14th January, 1947. As the patients already in the maternity section were all discharged by the 31st December, this allowed for a clear fortnight during which the maternity wards and instruments, etc., could be disinfected and all bedding and cots stoved.

It is hoped that these precautions will result in the elimination of any infection from the hospital, but it is felt by both Dr. Gillespie of the Public Health Laboratory Service (Medical Research Council) and ourselves that the whole procedure connected with the conduct of the maternity provision at the Infirmary should be carefully investigated and revised in the light of our recent experience, and with the knowledge that a similar epidemic may occur again in the future unless the most stringent precautions are taken.

In giving consideration to the long term policy to be adopted regarding the maternity provision at the hospital, the character of the disease causing the recent epidemic, in so far as it is known, must be appreciated.

Although very active investigation is taking place into similar outbreaks in various parts of the country, very little is actually known regarding the cause of these epidemics. Moreover, similar outbreaks have occurred from time to time in the past, but have not been given the wide publicity which the present epidemics have received.

It is felt by those who have been investigating these outbreaks that two possible sources of infection may be responsible. First, and possibly the more likely cause of the disease is a virus of a type as yet unknown. A virus is an organism belonging to a group which individually are so small that except in one or two instances it is impossible to see them with the aid of even the strongest microscope; it has been found impossible to isolate many of them. For these reasons very little is known regarding the morphology of many of the viruses, but in the main the infection enters the body through the nose and pharynx by means of small droplets of moisture in the air which have been infected from other cases or from carriers who are harbouring the disease, but who show no symptoms themselves.

The second possibility regarding infection is that the causative organism is the recently discovered Group D streptococcus. This organism belongs to a group whose morphology is well known. The mode of infection is probably through the mouth, but the organisms are spread by contamination of the fingers by the faeces of infected individuals or carriers, which in turn, contaminate foodstuffs or other articles coming into contact with the patient.

Sufficient has probably been said to indicate that if either of the above organisms, or any similar organisms, are the cause of this epidemic, every precaution must be taken to ensure the highest degree of hygiene in the day to day running of a maternity unit, particularly as the incidence of dysentery and gastric enteritis has increased during the war years and cases are still frequent among the population outside the precincts of the hospitals.

As regards Bosworth Park Infirmary, full consideration should be given to every aspect of the problem with a view to eliminating as far as possible the risk of another outbreak similar to the one recently experienced.

Scarlet fever.

Notifications for this year 544, last year 658. There were no deaths.

Whooping cough.

Notifications for this year 1,027, last year 640. There were 8 deaths, as against 5 in the previous year.

Measles.

Notifications for this year 632, last year 4,731. There were no deaths.

Diphtheria.

There were 59 original notifications, and 82 suspected cases admitted to hospital. On revised diagnosis, there were 34 true cases notified. For the first time in the health history of this county, it is possible to announce that there were no deaths. This, surely, is a tribute to those who have been engaged in the prevention and treatment of the disease.

As mentioned in previous reports, immunisation measures have been energetically pursued, and a high proportion of immunisation has been attained. A central register is maintained in this department from information given by health visitors and district medical officers of health.

Dysentery.

There were 840 notifications of this disease. The majority of cases were in Melton Mowbray and the surrounding area. The epidemic commenced in November, 1945, and continued until March, 1946. The cases were generally of a mild type, and mostly affected individuals for a few days only. It was only found necessary to admit 16 cases to hospital.

Every effort was made to discover the cause, but without success. The affection was so slight that there is no doubt that many cases went unnoticed.

Smallpox.

No cases occurred during the year, but it was necessary to maintain constant vigilance owing to infective cases among the armed forces returning home in large numbers from tropical climates. On many occasions, reports of contacts were received from port health authorities and the Regional Medical Officer of the Ministry of Health, which information was passed to district medical officers of health. A few single suspected cases were examined and found not to be cases of smallpox.

TUBERCULOSIS.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER.

<i>Prevalence of Tuberculosis.</i>	<i>Year 1946</i>	<i>Average for preceding ten years</i>
Pulmonary tuberculosis:—		
Notifications	185	203
Deaths	100*	138
Death rate	0.31*	0.44
Non-pulmonary tuberculosis:—		
Notifications	86	87
Deaths	31	34
Death rate	0.10	0.11
Total for both pulmonary and non-pulmonary tuberculosis:—		
Notifications	271	290
Deaths	131	172

* This is a record low figure for the County.

Out-patient dispensary work (for details see Table T.B.1).

The number of attendances at dispensaries has been 7,327 as against 7,479 in 1945. X-ray photographs of pulmonary cases have been taken at Markfield Sanatorium, and a certain number of surgical cases have been X-rayed there during the year. The total number taken was 2,395 including 75 screenings.

The number of specimens of sputum examined was 1,056, of which tuberculosis medical officers submitted 680.

Domiciliary work.

1. Open-air shelters.—The number of shelters on loan during the year was 37, and the number of inspections carried out by the County Nursing Association was 113.

2. Nursing of advanced cases.—The number of visits made by district nurses under the direction of the County Nursing Association was 3,584.

3. Extra nourishment.—£80 has been expended on 16 patients. The grant is one pint of milk per day and one dozen eggs (when possible) per week to each patient.

4. Additional help.—The cost of splints, crutches, surgical boots, travelling expenses and dentures has entailed an expenditure of £66 on 22 patients, as against £38 on 26 patients last year. Domiciliary help is also given to suitable cases in the shape of beds, bedding, sponge rubber mattresses, air-rings, bed-rests, etc., which are issued on loan.

5. Domiciliary visits.—Tuberculosis medical officers have paid 1,883 visits to patients' homes: Dr. Coward 600, Dr. Lane 1,283. The health visitors paid 3,314 visits and the district nurses 3,584.

Surgical Tuberculosis.

The numbers of patients admitted to orthopædic hospitals and of those remaining under treatment, and other information will be found in Table T.B.2.

Out-patient treatment is available at the Leicester City Clinic, Richmond House, The Newarke, Leicester, under Mr. Morris; The Cripples' Guild, Packe Street, Loughborough, under Mr. Malkin; and at the Coalville and Hinckley Orthopædic Clinics under Mr. Allan.

Lupus.

Cases of Lupus are treated at the Skin Department, Leicester Royal Infirmary, under the care of the skin specialist. They also attend the out-patient dispensaries for general supervision.

Ministry of Health Memorandum 266/T.

The scheme of allowances under the Ministry of Health's Memo. 266/T was continued in 1946 and during the year the following allowances were given:—

Maintenance 63; discretionary 1; special payment 3.

N. A. COWARD,
Chief Tuberculosis Officer.

REPORT BY THE MEDICAL SUPERINTENDENT OF THE LEICESTERSHIRE
COUNTY SANATORIUM & ISOLATION HOSPITAL, MARKFIELD.

	Tuberculosis	Infectious diseases	Total
Beds provided ...	138	76	214
No. of cases, 1st Jan., 1946 ...	122	25	147
No. of cases admitted ...	184	222	406
No. of cases discharged ...	201	233	434
No. of cases, 31st Dec., 1946	105	14	119

The numbers of patients admitted and discharged during the year 1946 show a reduction as compared with the previous year. In the Isolation Hospital, two wards were closed in the early part of the year owing to the low incidence of infectious disease, and only the cubicle isolation ward remains in use. In the sanatorium, insufficient recruitment of staff, particularly female student nurses, necessitated closure of a children's ward and a reduction in the number of adult female patients. It has, however, been possible to recruit a number of trained and student male staff, and the beds available for adult male patients has been increased. The situation as regards resident domestic staff has been radically altered by the allocation of 26 Displaced Persons from the Baltic States through the agency of the Ministry of Labour, and this step has also relieved the nursing staff of much of their previous non-nursing work.

The average number of beds occupied daily during the year was 134, and the highest number of patients in hospital on any one day was 151. The number of X-ray examinations and lung collapse treatment, etc., carried out in the hospital remains very high. The scheme providing for improved facilities in major surgery on cases of pulmonary tuberculosis by a full time thoracic surgeon operating at the City Isolation Hospital, came into being in the latter part of the year, and as more beds and staff become available, this valuable part of the tuberculosis service will be extended.

TUBERCULOSIS.

The bed accommodation was reduced and altered as mentioned above. 184 cases were admitted and 201 were discharged, the average number of beds occupied daily being 120.5, and the highest number under treatment at any one time 136.

The average stay in hospital was 216 days (men), 204 (women) and 218 (children).

Artificial Pneumothorax.

Collapse of the lung was carried out on 75 patients during the year, involving 1,324 refills. In addition, Dr. Lane administered a further 206 refills to ex-patients at Loughborough out-patient dispensary. In 3 cases, both lungs were being collapsed simultaneously.

During the year 11 cases completed their treatment, 2 left the County, and refills were abandoned in a further 13 cases.

At the end of 1946, 49 patients remained under treatment. Of these, 19 were still resident in the hospital, and 30 attending as out-patients.

Artificial Pneumo-peritoneum.

Cases occur where the lung is adherent to the chest wall, so that collapse of the lung by the usual method is impossible, and at a time when the patient is not fit for permanent collapse by removal of ribs. In these cases it is possible to introduce air into the abdomen to compress the lungs from below. This treatment was given to 5 patients, and 38 refills were given.

Surgical Measures.

Mr. T. Holmes-Sellors, of London, has continued to operate on County cases at the City Hospital. In September, Mr. L. G. Cruickshank took up his duties as Thoracic Surgeon and is, in addition, paying visits to the County Sanatorium for consultations.

19 cases were treated, comprising 7 thoracoplasty, 1 rib resection, 6 thoracoscopy with adhesion section, 3 phrenic nerve section, and 2 bronchoscopy.

Aspirations, etc.

Fluid in the chest was removed, the cavity washed out, and air replacement performed on 169 occasions.

Aurotherapy.

59 patients, unsuitable for collapse of lung by any method, were given injections of gold salts; 44 completed the course and 15 remained under treatment at the end of the year. A total of 792 injections was given, the average total dose being 4 grammes.

Of the 44 completed cases, 16 became quiescent, 21 developed a normal blood sedimentation rate, and 27 gained weight. One of the most encouraging features of the treatment was that, out of 36 germ positive sputum cases, 22 became non-infective.

Heliotherapy.

19 cases required treatment by artificial sunlight and received 673 exposures.

Blood Sedimentation Rate.

1,786 estimations by this test were performed during the year.

Mantoux Tests.

Skin sensitivity tests were carried out on cases admitted for observation; 5 patients were tested, and in addition, 79 members of the staff.

X-ray Department.

The total number of examinations continued to rise. Also the number of patients sent by the Tuberculosis Officers for diagnosis or supervision of progress shows an increase.

		Screening	Films
In-patients	...	894	1,159
Sent by Tuberculosis Officers	...	68	2,253
Sent by other Clinics	...	—	19
Sent by Medical Boards	...	7	67
		969	3,498

Total radiological examinations = 4,467.

Laboratory.

In addition to the following investigations, many specimens are collected and sent to the Leicester Emergency Public Health Laboratory for special tests and confirmation.

Blood sedimentation rates	...	...	...	1,786
Sputum for tubercle bacilli	...	...	...	924
Pleural effusion for tubercle bacilli	...	...	...	29
Urine for tubercle bacilli	...	...	...	201
Cultures for diphtheria bacilli	...	...	...	427
Smears, etc.	...	...	...	150
Cerebro-spinal fluid for germs and chemistry	...	...	...	80
Blood counts, etc.	...	...	...	69
Post-mortems	...	...	...	2
				3,668

Results of Treatment.

The table at the end of this report summarises, in the manner prescribed by the Ministry of Health, the classification, length of treatment, and result in all cases discharged from the Sanatorium.

The points of general interest are:—

Of the 201 patients discharged, 167 were suffering from the adult type of pulmonary tuberculosis, 9 from childhood lung disease, and 18 from tuberculosis of other parts of the body; while 7 had been admitted for observation.

Of the 167 cases of adult lung disease, only 61 were in the T.B. negative or early T.B. positive classes. Of these 61 cases, 51 (84%) became quiescent, and 4 (7%) died in the sanatorium. On the other hand, the remaining 106 cases were moderately or well advanced T.B. positive cases. Of these 106 cases, only 29 (27%) became quiescent, and 29 (27%) died in the sanatorium.

Altogether there were 113 tuberculosis positive sputum cases. As a result of treatment 37 (33%) became non-infective. Only 11% of the advanced cases reached this desirable condition.

Of the 18 cases of non-pulmonary tuberculosis, 9 became quiescent and 1 died.

INFECTIOUS DISEASES.

Although a considerable number of cases notified as meningitis, puerperal fever, and dysentery, was admitted, the incidence of other infectious disease in the County fell substantially.

tially during 1946. As mentioned previously, both scarlet fever and diphtheria wards were closed early in the year, all subsequent cases being accommodated in the cubicle isolation ward.

222 cases were admitted and 233 discharged during the year. The average number of beds occupied daily throughout the year was 13.5, and the highest number of patients under treatment at any one time was 29. The average of all cases was 14 years, and the average stay in hospital 21 days.

Scarlet fever.

74 cases were discharged, 19 adults and 55 children, the average age being 11 years.

Diagnosis could not be confirmed in 4 cases, 47 were treated by specific serum, and the others by sulphonamides where necessary. The average stay in hospital was 24 days. Complications were 5 otorrhoea, 1 mastoiditis, 1 rheumatism. No deaths occurred.

Diphtheria.

44 cases were discharged, 16 adults and 28 children, the average age being 15 years.

The diagnosis could not be confirmed in 29 cases, of whom 2 were found to be suffering from scarlet fever. The average stay in hospital was 32 days.

The 15 cases of true diphtheria included 7 who had never been immunised. The average dose of antitoxin was 83,000 units. There were 3 cases of paralysis, all in unimmunised patients. No deaths occurred.

Cerebro-spinal fever.

38 cases were discharged, 12 adults and 26 children, the average age being 14 years and the average stay 14 days.

10 cases were of true meningococcal meningitis and these were treated by lumbar puncture, penicillin, and sulphonamides. All recovered.

1 case of meningitis due to infection by pneumococcus, and 1 due to B. Influenzæ, recovered; but 5 suffering from tuberculous meningitis and 1 from streptococcal meningitis, died. A further 20 cases were not suffering from meningitis.

Typhoid.

Only 2 cases were discharged during the year, both adults; in neither was the diagnosis confirmed.

Dysentery.

16 cases were discharged, 14 adults and 2 children, with an average age of 23 years, and a stay in hospital of 15 days.

9 cases were of the Sonne type, 1 Flexnor, and 1 amœbic. No deaths occurred. In 5 cases the diagnosis was not confirmed, but 1 of these died of tuberculous meningitis.

Puerperal fever.

20 cases were discharged, 12 being accompanied by their babies.

The average age of the mothers was 27 years and the average stay 14 days; 11 cases were of infection following birth of the first child.

Treatment was by local measures, together with penicillin and sulphonamides. No complications occurred, and there were no deaths.

Other diseases.

During the year, cases discharged included 5 erysipelas, 7 mumps, 2 measles, 2 rubella, 4 whooping cough, 4 chicken pox, 1 ophthalmia neonatorum accompanied by the mother, and 1 jaundice.

STAFF.

Routine examination of all staff for susceptibility to scarlet fever, diphtheria, and tuberculosis, was continued. X-ray examination is carried out at intervals of six months.

66 Dick, 66 Schick, and 79 Mantoux tests were performed, and 24 members of the staff were immunised.

Illness amongst the staff necessitated repeated attendances by the Medical Superintendent in 89 cases, but the diseases were not of any gravity, excepting 1 case of appendicitis, 2 of infectious hepatitis, and 1 of rheumatic fever.

3 examination successes were obtained by the Nursing Staff.

H. SELBY,
Medical Superintendent.

Classification on admission to the Sanatorium.	Condition at time of discharge.	Duration of Residential Treatment in the Sanatorium.												Grand Totals				
		Under 3 months.				3-6 months.				6-12 months.								
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.					
Class T.B. minus.	Quiescent ...	5	—	—	13	8	1	6	10	4	—	2	2	24	20	7	61	
	Not quiescent ...	—	—	—	—	2	—	1	3	—	—	—	—	1	5	1	7	
	Died in Sanatorium	—	—	—	—	2	—	2	—	—	—	—	—	2	2	—	4	
Class T.B. plus. Group I.	Quiescent ...	1	1	—	1	2	—	—	—	—	2	—	—	4	3	—	7	
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Class T.B. plus. Group II.	Quiescent ...	1	5	—	1	2	—	8	6	1	5	1	—	15	14	1	30	
	Not quiescent ...	1	—	—	2	1	—	13	9	—	7	6	—	23	16	—	39	
	Died in Sanatorium	—	—	—	—	1	—	—	—	1	—	1	—	1	1	—	2	
Class T.B. plus. Group III.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Not quiescent ...	1	2	—	—	2	—	1	1	—	—	2	—	2	7	—	8	
	Died in Sanatorium	9	3	—	6	1	—	3	2	—	2	2	—	19	8	—	27	
TOTALS (pulmonary)	...	18	11	1	22	20	1	35	31	5	16	14	2	91	76	9	176	
Bones and Joints.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Died in Sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Abdominal.	Quiescent ...	—	1	—	—	1	—	1	—	—	—	—	—	—	—	1	2	3
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
	Died in Sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Organs.	Quiescent ...	—	—	3	—	—	—	—	—	—	—	—	—	—	3	—	3	3
	Not quiescent ...	—	—	2	1	—	—	—	—	—	—	—	—	—	3	1	—	4
	Died in Sanatorium	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Peripheral	Quiescent ...	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	3	3
	Not quiescent ...	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	2
	Died in Sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS (non-pulmonary)	...	—	—	2	6	2	6	1	1	—	—	1	—	—	8	3	7	18

4 men admitted as T.B. negative were discharged as diagnosis not confirmed, but are included in above table.
 The following observation cases (Non-Tuberculosis) were also discharged during the year:—Male 3, Female 3, and
 Female 1. Total = 20.

**REPORT OF THE BLABY, HINCKLEY AND MELTON MOWBRAY
ISOLATION HOSPITALS FOR THE YEAR 1946.**

	Blaby		Hinckley		Melton Mowbray		Total	
	Avg. of years	1946 1939-43	Avg. of years	1946 1939-43	Avg. of years	1946 1939-43	Avg. of years	1946 1939-43
Beds provided	17	17	23	23	32	32	72	72
No. of cases on 1st Jan.	13	22	10	29	9	25	32	76
No. of cases admitted ...	192	171	200	240	161	279	553	690
No. of cases discharged...	197	173	195	244	160	281	552	698
No. of cases on 31st Dec.	8	20	15	25	10	23	33	68

In the three hospitals the average number of beds occupied daily was 36, the average duration of stay in hospital was 24 days and the average age of the patients was 14 years.

Scarlet fever.

A total of 395 patients was admitted to the scarlet fever wards during the year. There were 25 patients in the wards on the 1st January, and 28 on the 31st December, 1946, 392 being discharged during the year. No deaths occurred. 23 of the patients admitted and 19 of those discharged were from outside the county.

Of the 392 patients discharged, 53 were adults and 339 were children. The average age was 10 years and the average duration of treatment 27 days.

In one case the diagnosis of scarlet fever could not be confirmed.

Diphtheria.

A total of 55 patients was admitted with the diagnosis of diphtheria, and 58 were discharged. There were 4 patients in hospital on the 1st January and 1 on the 31st December, 1946. No deaths occurred. 7 of the admissions were from outside the county and 7 were discharged during the year.

Of the 58 cases discharged, 28 were adults and 30 were children; the average age was 17 years and the average duration of treatment 22 days.

Of the 58 cases discharged, 15 were found to have been suffering from tonsillitis, 5 from quinsy, 1 from scarlet fever, 1 from laryngeal croup, 5 from Vincent's angina, and the diagnosis was not confirmed in a further 8 cases. The number of cases in which the diagnosis was confirmed was therefore 23. No deaths occurred.

Cerebro-spinal meningitis.

Eight patients were admitted during the year, 7 were discharged, and 1 died, a man of 33 years. One case was found to be suffering from poliomyelitis and in 1 other case the diagnosis was not confirmed. Of the patients discharged, 4 were children and 3 were adults.

**ANNUAL REPORT ON THE VENEREAL DISEASES SCHEME
(LEICESTER AND LEICESTERSHIRE) FOR THE YEAR 1946.**

By C. HAMILTON WILKIE, M.D., Ch.B., B.Sc.(Glas.).

DIRECTOR OF VENEREAL DISEASES SERVICES.

When one sees the words "Venereal Diseases" one rightly thinks of gonorrhœa, syphilis, and soft sore. These are the venereal diseases as defined by Act of Parliament. The definition is a very restricted one. If one was to take a more sensible and wider view and included all abnormal conditions and infections of the sex parts, then a clearer picture of the work of V.D. clinics would be arrived at. It is recognised by most general practitioners and specialists that these clinics are best equipped for the accurate diagnosis, treatment, and tests of cure of all such cases. At the same time the idea that immorality must have taken place before attendance is necessary should be removed from the mind for ever. Such a condition is not always the case. No stigma should be attached to these clinics. As the general public becomes more educated in such matters a more logical attitude is manifesting itself. If Parliament extended the scope and meaning of the term "Venereal Diseases" this unfortunate stigma would soon disappear.

It is a rule that a patient who wishes to consult a venereologist may attend the clinic directly or he may consult his own general practitioner who will in turn refer the

patient to the clinic. Strict secrecy is the keynote of any V.D. clinic. The venereologist may have to do more than diagnose and treat his patient. He sometimes has to test the marital partner or the family and at the same time use tact and ingenuity to prevent a happy home from being split up or disrupted for ever.

New methods of treatment, especially the advent of penicillin, have added to the successes and also to the problems of the venereologist. This wonderful therapeutic agent is unfortunately sometimes used as a "cure all" and in this special branch of medicine is not always in itself enough to cure. At the same time there is an unfortunate tendency with a few already overworked general practitioners to prescribe penicillin without having first taken pathological tests. Occasionally the patient may even himself request penicillin or "M. and B." tablets, having heard or read that these cure venereal disease. Schemes of treatment suggested by manufacturers of drugs may be followed blindly without the possible pitfalls being known.

In the area of Leicester and Leicestershire we are fortunate in that most general practitioners send their cases direct to the V.D. clinic for diagnosis and treatment, but as in 1945, I again appeal to the few to send their cases as early as possible and not to give sulphonamides or penicillin before diagnostic tests. A wrong diagnosis or a delay in diagnosis may result in tragic domestic upheavals and possibly in unnecessary awkward divorce procedures. Equally important are the tests of cure. No case of venereal disease should ever be proclaimed cured without first having completed tests of cure over an acknowledged period of three months in the case of gonorrhoea and three years in the case of early acute syphilis.

In addition to the early acute cases of venereal disease there are the patients with chronic or latent disease. Some of these may be cured by treatment. Others may not be cured but the disease may be arrested and the patient improved so much that he, or she, may again become a valuable citizen or breadwinner of the family. Congenital syphilitics are also successfully treated. The V.D. department is the place of choice for treatment of many of these advanced cases. In-patient treatment is available if necessary in the wards attached to the department.

The year 1946 was a heavy one for all the medical and nursing staff of the V.D. departments.

The new cases totalled 2,451 (1945=1,865), an increase of 586 over the previous year. I forecast that 1946 will prove to be our peak year. Never before have the numbers been so high. Reference to the graph accompanying this report will show how the numbers have varied in recent years and also the proportion of venereal disease to non-venereal disease cases. The attendances at the Royal Infirmary clinics totalled 22,943, those at Loughborough 1,413. In-patients numbered 184.

In this brief report I purposely avoid many statistical details of the cases. If desired, more complete statistical information concerning the various conditions may be obtained by reference to my official Ministry of Health Reports (Form V.D.(R)(1946)).

Regulation 33B is still in force and the results achieved are given by the Medical Officer of Health. Considerable success was achieved outside the scope of this Regulation by persuasion. We often succeeded in getting possible contacts to come voluntarily for tests or treatment. A total of 134 patients came on the directed advice of the original patient.

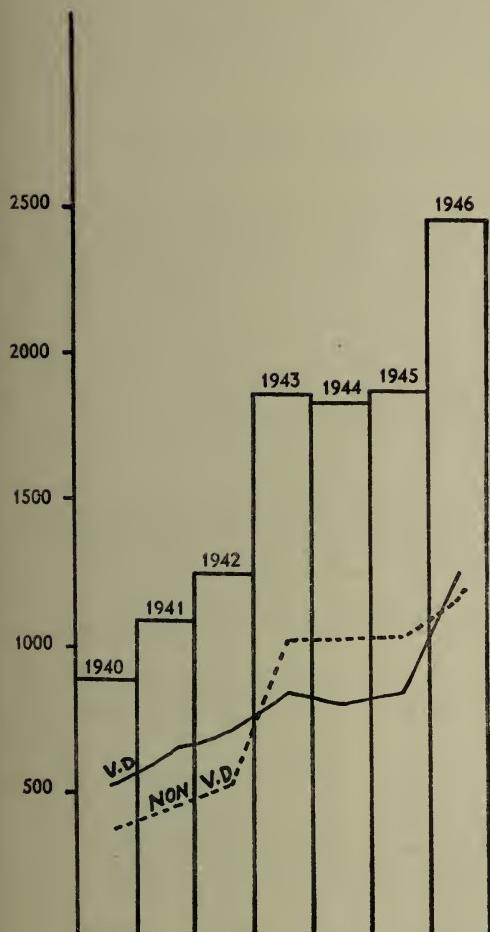
Voluntary contribution in the way of V.D. lectures and lantern demonstrations to service personnel has now ceased. Public lectures have practically stopped although teaching lectures continued throughout the year as usual. Only one public show of the film "Subject Discussed" was given in 1946. That was at Hinckley to a mixed audience of approximately 500 people. Of the teaching lectures two were outside the area, one to the Birmingham Dental Society and one to dentists and medicals at Edinburgh University.

The times at which the clinics are held are as follows:—

Dr. Wilkie Leicester Royal Infirmary.		Dr. Lodge Leicester Royal Infirmary.	
Monday	... 2.30-4 (Males)	Monday	... 5.30-7 (Females)
Tuesday	... 10-11 (Males)	Wednesday	... 10-11 (Females)
Tuesday	... 2.30-4 (Females)	Wednesday	... 2.30-4 (Females)
Wednesday	... 6-7.30 (Males)	Friday	... 2.30-4 (Females)
Thursday	... 4.30-6 (Males)		
Friday	... 5.30-7 (Males)		

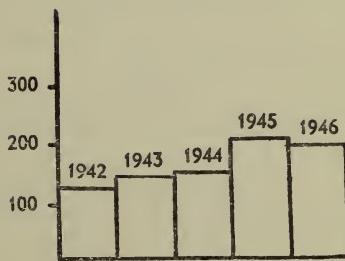
Loughborough General Hospital.

Monday	... 5-6 (Females)	Monday	... 6-7 (Males)
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LEICESTER

Total 894 1091 1247 1857 1833 1865 2451
new cases

Non V.D. 372 451 542 1017 1025 1027 1199
V.D. 522 640 705 840 808 838 1252

LOUGHBOROUGH

122 144 148 206 194
55 97 101 123 98
67 47 47 83 96

In addition intermediate treatment is given at the Leicester centre every weekday at specially arranged times.

I am satisfied that the standard of the nursing and medical staff of the V.D. departments is high and that the equipment within the departments is thoroughly up-to-date.

One problem, however, should receive attention as soon as possible. Difficulties in connection with culturing of specimens for the diagnosis of gonococcal infections have arisen in previous years but there is no reason why these should not be overcome as the pathological staff within the Royal Infirmary is increased. Culturing of specimens is essential in any first class V.D. scheme.

In conclusion I would like to acknowledge my indebtedness to all the nursing and medical staff who are in any way connected with the V.D. departments of Leicester and Loughborough. Everyone has played a valuable part in the success of the V.D. scheme. More especially would I like to record the valuable work rendered by Dr. Hugh Atkinson, who now retires after 27 years' service.

REPORT ON THE DEFENCE (GENERAL) REGULATIONS.

REGULATION 33B.

Under Regulation 33B of the Defence (General) Regulations, persons attending venereal disease treatment centres are invited to give information concerning contacts from whom they may have caught the disease. This information, comprising the name and address, or other identifying description, is entered on a "Form 1" and is sent to the medical officer of health of the county or county borough in which the contact resides.

A confidential register is kept of all persons who have been named in this manner as possible sources of infection, and when two "Forms 1" have been received concerning one person, Regulation 33B gives the medical officer of health the power to secure the medical examination, and if necessary, the treatment of the person concerned. The strictest secrecy is observed in dealing with all information collected in connection with this procedure. The Regulation thus provides a most valuable method of dealing with infected contacts.

The work carried out during the year under the Regulation has met with success in those cases which could be traced. In a number of cases the information given on "Form 1" was incomplete or indefinite, which reduced the possibility of identification. In spite of this difficulty, some cases were traced and brought under treatment, but naturally, investigations had to be abandoned in those cases which could not be traced.

Close liaison is maintained between the Department and the Director of Venereal Diseases Services, and all information is interchanged regarding known or suspected cases under the Regulation.

The following is a record of the work under the Regulation, during the year:—

Contacts notified to the Medical Officer of Health during the period 1st January, 1946, to 31st December, 1946.

		M.	F.
(1)	(a) Total number of contacts in respect of whom "Form 1" was received	1	18
	(b) Number in (a) transferred from other areas	1	5
(2)	Number of cases in (1) in which attempts were made during the current period outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second "Form 1":—		
	Contacts found	—	11
	Contacts examined or already under treatment	—	9
(3)	(a) Number of those in (1) in respect of whom two or more "Forms 1" were received	—	5
	(b) Number included in 3 (a) in respect of whom the first "Form 1" was previously reported under (1)	—	2
	(c) Number included in (3) (a) transferred from other areas ...	—	2
(4)	Number of those in (3) (a) who were:—		
	(a) Found	—	3
	(b) Examined after persuasion or already under treatment ...	—	3
	(c) Served with "Form 2"	—	—
	(e) Prosecuted for failure:—		
	(i) to attend for, and submit to, medical examination ...	—	—
	(ii) to submit to and continue treatment ...	—	—
(f)	Transferred to other areas	—	—

T.B.1.—Return showing the work of the Tuberculosis Dispensaries during the year 1946.

Diagnosis.	Non-PULMONARY												TOTAL			GRAND TOTAL		
	PULMONARY						Children			Adults		Children		Adults		Children		
	Adults		Children		M	F	M	F	M	F	M	F	M	F	M	F		
	M	F	M	F														
A—(1) Number of definite cases of tuberculosis on the dispensary register at the beginning of the year	599	561	82	77	73	91	131	109	672	652	213	186	1,723					
(2) Transfers from other authorities during the year	16	17	...	...	2	2	2	...	18	19	2	...	39			
(3) "Lost sight of" cases returned during the year	2	3	...	...	1	...	...	1	3	3	3	...	1	7		
B—Number of NEW CASES diagnosed as tuberculous during the year:—																		
(1) Class T.B. minus	71	54	8	1	...	...	...	...	71	54	8	1	134			
(2) Class T.B. plus	56	43	1	...	...	...	...	...	56	43	1	...	100			
(3) Non-pulmonary	...	...	...	...	19	15	26	20	19	15	26	20	80			
C—Number of cases included in A and B written off the dispensary register during the year as:—																		
(1) Recovered	58	66	17	14	15	19	39	30	73	85	56	44	258					
(2) Dead (all causes)	69	38	1	5	1	...	...	...	74	39	1	...	114			
(3) Removed to other areas	25	39	3	5	6	6	2	2	31	45	5	7	88					
(4) For other reasons	20	22	2	1	4	3	5	...	24	25	7	1	57					
D—Number of definite cases of tuberculosis on the dispensary register at the end of the year ...	572	513	68	58	65	79	113	98	637	592	181	156	1,566					

T.B.2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.
Year 1946.

Name and situation of Institution. (1)	Class of case and number of beds. (2)	Number of patients sent by the Council who were under treatment on 31st Dec., 1945. (3)	Number of patients sent by the Council during the year ended 31st Dec., 1946 (4)	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st Dec., 1946. (5)	Total number of days during which patients referred to in Col. 5 were resident in the Institution. (6)	Average number of days which patients referred to in Col. 5 were resident in the Institution. (7)	Number of patients sent by the Council who were under treatment on 31st Dec., 1946. (8)
County Sanatorium, Markfield.	Male adults (58 beds) P	61	96	94	20,747	221	63
	Female adults (58 beds) P	48	68	78	18,920	243	38
	Children (22 beds) P	7	3	9	2,344	260	1
	Male adults NP	3	6	8	1,208	151	1
	Female adults NP	1	4	3	476	159	2
	Children NP	2	7	9	1,589	177	—
City General Hospital, Leicester.	Female P	—	4	4	62	16	—
	Male adults NP	6	8	6	405	68	8
	Female adults NP	6	13	12	852	71	7
	Children NP	5	9	8	1,518	189	6
Children's Hospital, Gringley on the Hill.	Male adults NP	1	—	1	2,323	2,323	—
	Children NP	—	1	1	65	65	—
Harlow Wood Orthopædic Hospital, Mansfield.	Male adults NP	2	2	3	1,323	441	1
	Female adults NP	1	—	1	191	191	—
	Children NP	2	3	1	199	199	4
Warwickshire Orthopædic Hospital, Coleshill.	Female adults NP	1	—	1	443	443	—
	Children NP	9	5	6	5,101	850	8
Papworth Village Settlement.	Male adults P	1	—	1	231	231	—
Morland Clinics, Alton.	Male adults NP	1	—	1	755	755	—
Lord Mayor Treloar Hospital, Alton.	Children NP	1	—	—	—	—	1
Royal National Sanatorium, Bournemouth.	Female adults P	—	1	1	187	187	—
Royal Cripples Hospital, Birmingham.	Male adults NP	—	3	2	5	3	1
	Children NP	—	2	2	185	93	—
London Chest Hospital.	Female adults P	—	1	1	105	105	—
Hospital of St. Cross, Rugby.	Children NP	—	1	1	116	116	—
City Sanatorium, Leicester.	Male adults P	—	1	—	—	—	1
TOTALS ...		158	238	254	59,350	234	142

P.—Pulmonary tuberculosis. N.P.—Non-pulmonary tuberculosis.

T.B.3.—Return showing the immediate results of treatment of patients discharged from Residential Institutions during the year 1946.

(a) Pulmonary Tuberculosis.

Classification on admission to Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL	
		Under 3 months but ex- ceeding 28 days			3—6 months			6—12 months			More than 12 months				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Class T.B. minus.	Quiescent ...	1	—	—	11	6	1	10	10	4	1	2	1	47	
	Not quiescent ...	—	—	—	1	—	—	3	7	—	4	4	—	20	
	Died in Institution ...	—	—	—	—	2	—	2	—	—	—	1	—	5	
Class T.B. plus Group 1.	Quiescent ...	—	1	—	1	1	—	—	—	—	1	—	—	4	
	Not quiescent ...	—	1	—	—	—	—	—	—	—	—	—	—	1	
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
Class T.B. plus Group 2.	Quiescent ...	—	—	—	2	3	—	9	4	—	2	2	1	23	
	Not quiescent ...	1	3	—	2	3	—	10	10	—	4	2	—	35	
	Died in Institution ...	—	—	—	2	1	—	2	1	—	1	2	—	9	
Class T.B. plus Group 3.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Not quiescent ...	—	2	—	—	2	—	1	—	—	—	1	—	6	
	Died in Institution ...	3	1	—	3	—	—	1	1	—	1	—	—	10	

Cases discharged under 28 days 7

Cases died under 28 days 8

Observation cases discharged non-tuberculous 13

Total ... 188

(b) Non-Pulmonary Tuberculosis.

Bones and joints:—Quiescent 23

Not quiescent 19

Died 2

Abdominal:—Quiescent 3

Not quiescent 2

Died 2

Other organs:—Quiescent 5

Not quiescent 3

Died 2

Peripheral glands:—Quiescent 4

Not quiescent 1

Died 1

Observation cases discharged non-tuberculous 2

Total ... 66

T.B.4. TUBERCULOSIS (Pulmonary and Other). Notifications, Deaths, and Death Rates.

Year	Localisation	Number of Notifications.			Number of Deaths.			Death Rates.		
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1936	Lungs Other	111 27	111 37	222 64	73 16	84 18	157 34	0.54 0.12	0.51 0.11	0.53 0.11
1937	Lungs Other	126 45	95 36	221 81	82 18	80 22	162 40	0.58 0.13	0.50 0.14	0.54 0.13
1938	Lungs Other	105 48	85 40	190 88	59 15	56 15	115 30	0.42 0.11	0.35 0.09	0.38 0.10
1939	Lungs Other	89 36	87 36	176 72	59 14	53 15	112 29	0.41 0.10	0.32 0.09	0.36 0.09
1940	Lungs Other	113 51	91 48	204 99	88 25	74 14	162 39	0.59 0.17	0.45 0.09	0.52 0.13
1941	Lungs Other	102 59	114 31	216 90	79 19	90 11	169 30	0.51 0.13	0.52 0.06	0.51 0.09
1942	Lungs Other	100 69	133 53.	233 122	61 23	64 17	125 40	0.41 0.15	0.38 0.10	0.39 0.13
1943	Lungs Other	91 59	91 59	182 118	75 11	79 18	154 29	0.51 0.07	0.48 0.11	0.49 0.09
1944	Lungs Other	99 42	74 33	173 75	52 24	61 13	113 37	0.36 0.16	0.37 0.08	0.36 0.12
1945	Lungs Other	109 28	108 39	217 67	59 16	52 16	111 32	0.41 0.11	0.32 0.10	0.36 0.10
Average for above ten years.	Lungs Other	104 46	99 41	203 87	69 18	69 16	138 34	0.47 0.13	0.42 0.10	0.44 0.11
1946	Lungs Other	94 35	91 51	185 86	48 19	52 12	100 31	0.32 0.13	0.31 0.07	0.31 0.10

T.B.5. TUBERCULOSIS:—Notifications and Deaths.
Showing Age Periods—Year 1946.

AGE PERIODS.	NEW CASES.						DEATHS.					
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Males		Females	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
0-	—	—	—	2	—	—	—	—	2	2
1-	2 1	1	6 7	10 2	2	1	4	4	3	3
5-	3	1	25 2	13 2	—	—	2	2	2	2
15-	78 21	65 19	15 5	14 3	31	26	5	5	5	5
45-	24 7	7 5	1 1	1	24	9	5	5	—	—
65-	3 1	1	—	1 1	5	2	—	—	1	1
Total	110 30	75 24	47 17	39 10	62	38	18	18	13	13

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.

T.B. 6.—TUBERCULOSIS NOTIFICATIONS AND DEATHS, URBAN AND RURAL DISTRICTS, YEAR 1946.

District.	Estimated population mid-year	NOTIFICATIONS OF TUBERCULOSIS			DEATHS FROM TUBERCULOSIS				
		Pulmonary	Attack Rate.	Non-Pulmonary	Attack Rate.	Pulmonary	Death Rate.	Non-Pulmonary	Death Rate.
URBAN	Ashby-de-la-Zouch	5,895	2	0.34	1	0.17	—	—	—
	Ashby Wouds	3,135	1	0.32	—	—	—	—	—
	Coalville	24,730	19	0.77	7	0.28	7	0.28	0.08
	Hinckley	36,620	22	0.60	10	0.27	11	0.30	0.25
	Loughborough	33,420	21	0.63	7	0.21	13	0.39	0.15
	Market Harborough	9,897	5	0.51	1	0.10	2	0.20	—
	Melton Mowbray	11,740	2	0.17	4	0.34	3	0.26	0.09
	Oadby	5,637	4	0.71	1	0.18	—	—	—
	Shepshed	5,626	5	0.89	1	0.18	4	0.71	—
	Wigston	14,230	13	0.91	3	0.21	8	0.56	0.14
TOTALS ...		150,930	94	0.62	35	0.23	48	0.32	0.13
RURAL	Ashby-de-la-Zouch	13,670	2	0.15	7	0.51	2	0.15	0.15
	Barrow-on-Soar	42,530	21	0.49	11	0.26	16	0.38	0.09
	Billesdon	7,018	5	0.71	—	—	2	0.28	4
	Blaby	36,460	38	1.04	6	0.16	18	0.49	—
	Castle Donington	8,033	4	0.50	6	0.75	3	0.37	3
	Lutterworth	10,940	1	0.09	2	0.18	2	0.08	—
	Market Bosworth	24,110	14	0.58	13	0.54	5	0.21	2
	Market Harborough	8,809	—	—	2	0.23	2	0.23	0.08
	Melton and Belvoir	16,530	6	0.36	4	0.24	2	0.12	0.11
	TOTALS ...	168,100	91	0.54	51	0.30	52	0.31	0.07

TABLE I.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1946						ENGLAND AND WALES	
	Urban		Rural		Whole County			
	No.	Rates	No.	Rates	No.	Rates		
Population (Est. mid-year, 1946)	150,930		168,100		319,30			
Live births	3,222	21.35	3,341	19.87	6,563	20.57	19.1	
Deaths (all causes and all ages) ... * .. (under one year)	1,641 134	10.87 *41.6	1,761 101	10.47 *30.2	3,402 235	10.66 *35.8	1.15 *43	
Deaths from: Measles	—	—	—	—	—	—	—	
Whooping cough ...	3	0.02	5	0.03	8	0.03	00.2	
Diphtheria	—	—	—	—	—	—	00.1	
Scarlet fever	—	—	—	—	—	—	—	
*Diarrhoea and enteritis (under 2 years) ...	14	*4.34	7	*2.10	21	*3.20	*4.2	
The seven chief causes of death were:—							Percentages of total deaths.	
Heart disease	419	2.78	512	3.05	931	2.92	25.5	
Cancer	228	1.51	247	1.47	475	1.49	13.9	
Intra-cranial vascular lesions	192	1.27	227	1.35	419	1.31	11.7	
Bronchitis	84	0.56	70	0.42	154	1.48	5.1	
Nephritis	49	0.32	62	0.37	111	0.35	3.0	
Pneumonia	55	0.36	51	0.30	106	0.33	3.4	
Tuberculosis of respira- tory system	48	0.32	52	0.31	100	0.31	2.9	
Wh'le C'nty								
Urban								
Rural								

NOTE.—The rates are calculated per thousand of the population, except where marked
(*) which are per thousand registered births.

TABLE 2.—BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1946.

Provisional Figures based on Weekly and Quarterly Returns.

England and Wales, 126 County Boroughs and Great Towns, including London, and 148 Smaller Towns with Resident Population 25,000 to 50,000 at 1931 Census, London Administrative County, and Leicestershire Administrative County.

	RATES PER 1,000 CIVILIAN POPULA- TION	DEATH RATES PER 1,000 CIVILIAN POPULATION.												NOTIFICATION RATES PER 1,000 CIVILIAN POPULATION.								
		All Births.	Live Births.	All Causes.	Typhoid and Paratyphoid Fevers.	Scarlet Fever.	Whooping Cough.	Influenza.	Smallpox.	Measles.	Typhoid Fever.	Paratyphoid Fever.	Cerebro-spinal Fever.	Scarlet Fever.	Diphtheria.	Erysipelas.	Smallpox.	Measles.	Pneumonia.	Deaths from Diphtheria and Scarlet Fever.	Total deaths under one year of age.	RATES PER 1,000 LIVE BIRTHS.
England and Wales	... 19.1	... 0.53	... 11.5	0.00	0.00	0.02	0.01	0.15	0.00	0.00	0.01	0.02	0.05	1.38	2.28	0.28	0.22	0.00	3.92	0.89	4.4	43
126 County Boroughs and Great Towns, including London	... 22.2	... 0.87	... 12.7	0.00	0.00	0.02	0.01	0.13	0.00	0.01	0.01	0.02	0.05	1.51	2.48	0.32	0.25	0.00	4.73	1.02	6.1	46
148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)	... 21.3	... 0.59	... 11.7	0.00	0.00	0.02	0.01	0.14	0.00	0.00	0.01	0.01	0.04	1.33	2.05	0.31	0.22	0.00	3.70	0.74	2.8	37
London Administrative County	... 21.5	... 0.64	... 12.7	0.00	0.00	0.02	0.01	0.12	—	0.01	0.01	0.01	0.06	1.42	2.22	0.24	0.27	0.00	7.35	0.75	4.2	41
Leicestershire Administrative County	... 20.6	... 0.50	... 10.7	—	—	0.03	—	0.11	—	—	—	—	0.05	1.71	3.22	0.11	0.32	—	1.98	1.34	3.2	36

Maternal Mortality Rates for England and Wales:
Per 1,000 total births (live and still)

Maternal Mortality Rate for Leicestershire
Abortion: Mortality Rate per million women aged 15—45 for England and Wales:
Notification Rates per 1,000 total births (live and still):

England and Wales
126 County Boroughs and Great Towns, including London
148 Smaller Towns (Estimated Resident Population 25,000 to 50,000 at 1931 Census)
London Administrative County
Leicestershire Administrative County

No 140 Abortion with sepsis
No 141 Abortion without sepsis
No 142-6 Abortion with sepsis
No 143 Abortion without sepsis
Others
Total
16

Puerperal Pyrexia

8.60

10.35

7.83

9.68

5.50

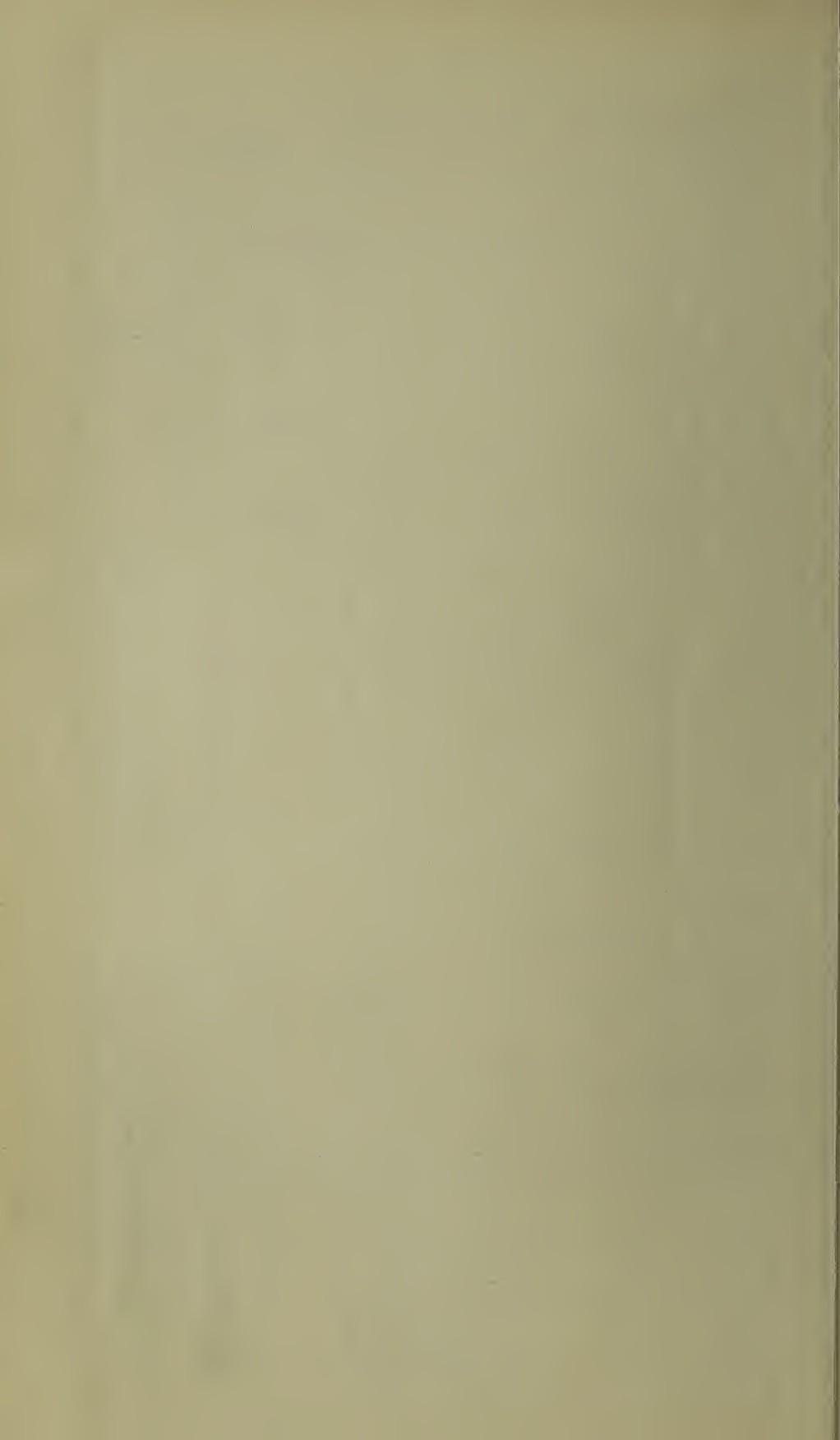


TABLE 3.—NOTIFIABLE DISEASES.

DISEASE.	Total cases (original notifications)		Total cases (corrected notifications)		Admissions to Hospital (uncorrected diagnoses)	
	Civilians	Non-civilians	Civilians	Non-civilians	Civilians	Non-civilians
Scarlet fever	546	6	544	5	425	9
Whooping cough	1,027	—	1,027	—	4	—
Acute poliomyelitis	1	—	1	—	—	—
Acute polioencephalitis	1	—	1	—	—	—
Measles	633	10	632	10	7	31
Diphtheria	59	2	34	1	82	6
Acute pneumonia	426	1	426	1	—	—
Dysentery	840	11	840	11	16	11
Smallpox	—	—	—	—	—	—
Acute encephalitis lethargica	1	—	1	—	—	—
Enteric or typhoid fever	1	—	—	—	3	—
Para-typhoid fevers	—	—	—	—	—	—
Erysipelas	105	—	103	—	22	1
Cerebro-spinal fever	25	5	16	5	37	2
Puerperal pyrexia	45	—	37	—	25	—
Ophthalmia neonatorum	11	—	9	—	1	—
Malaria (contracted in England and Wales)	2	—	2	—	—	—
Abortus fever	1	—	1	—	—	—

**OTHER ADMISSIONS TO ISOLATION HOSPITAL
(uncorrected diagnoses).**

DISEASE.	Civilians	Non-civilians
T.B. meningitis	5	—
Whooping cough, pneumonia	4	—
Measles, pneumonia	2	—
Whooping cough, measles	1	—
Rubella	1	5
Vincent's Angina	2	—
Parotitis	1	2
Mumps	2	2
Chicken pox	3	4
Laryngeal croup	1	—
Tonsillitis	—	1
Post diphtheritic paresis	1	—
Cellulitis, chicken pox	1	—
Impetigo	1	—
Catarrhal jaundice	1	—
Jaundice	—	1
Septic finger (nurse)	1	—
Mother with baby (ophthalmia neonatorum) ...	1	—
Babies with mothers (puerperal)	17	—

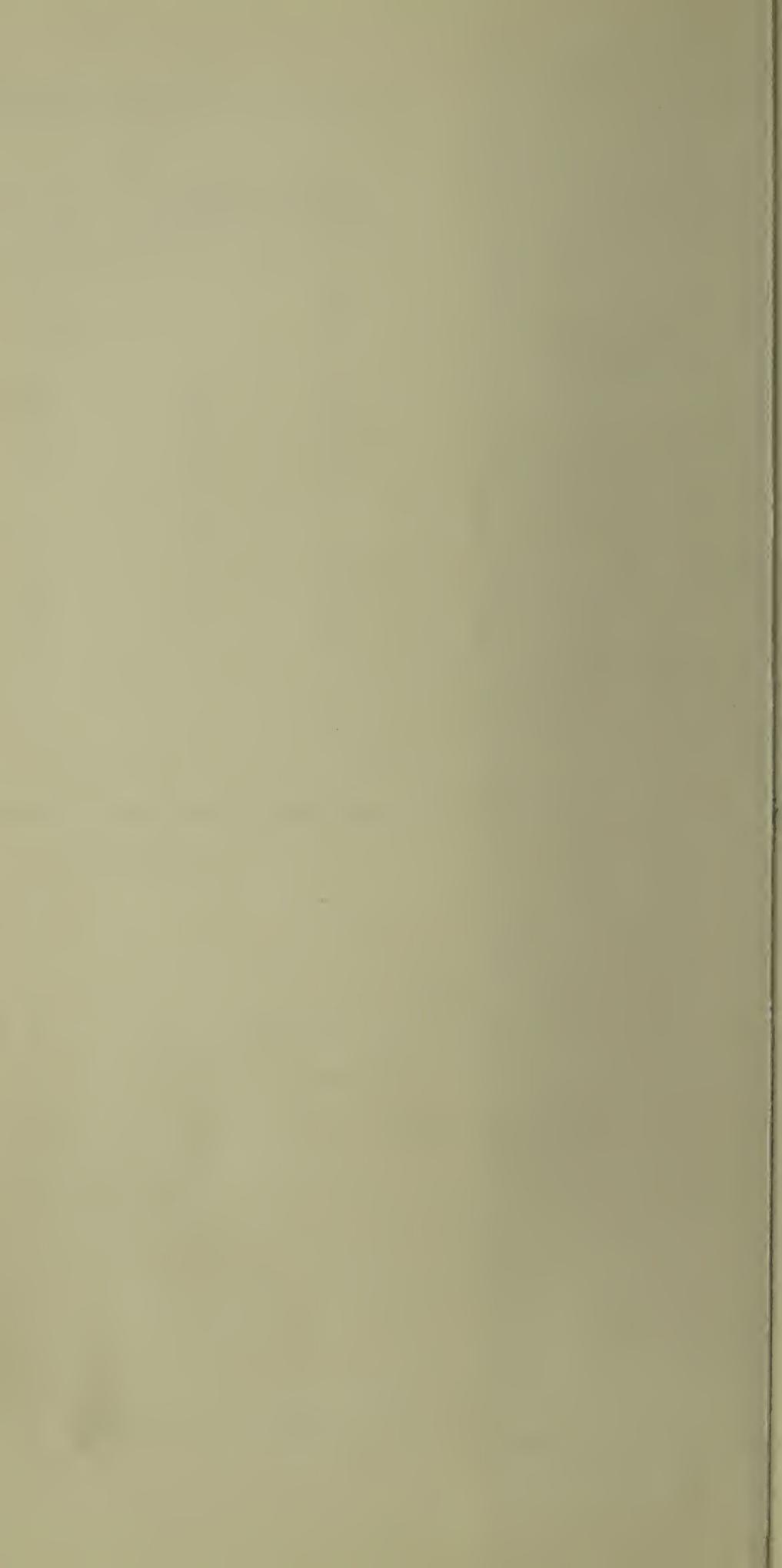


TABLE 4.—CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES IN AGE GROUPS.
(Civilians only)

DISEASE.	AGE GROUPS (YEARS).						TOTALS.
	0-	1-	3-	5-	10-	15- and over	
Scarlet fever	2	35	75	217	121	48	29
Whooping cough	77	286	294	336	12	4	18
Acute poliomyelitis	...	...	...	—	—	—	1
Measles	28	157	135	255	28	16	11
Diphtheria	...	3	1	9	8	4	8
	1						34

DISEASE.	AGE GROUPS (YEARS).						TOTALS.
	0-	5-	15-	45-	65 and over	Age unknown	
Acute pneumonia	87	73	105	52	426
Dysentery	107	139	364	51	840
Smallpox	—	—	—	—	—
Acute encephalitis lethargica	1	—	—	—	1
Enteric or typhoid fever	—	—	—	—	—
Para-typhoid fevers	—	—	—	—	—
Erysipelas	4	5	26	44	103
Cerebro-spinal fever	4	6	4	—	5
						2	16

DISEASE.	Age group not stated.
Puerperal pyrexia	...
Ophthalmia neonatorum	...
Malaria (contracted in England and Wales)	...
Abortus fever	...



TABLE 5.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF LEICESTER, 1946.

TABLE 6.

SES OF DEATH IN ADMINISTRATIVE AREAS. 1946.

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